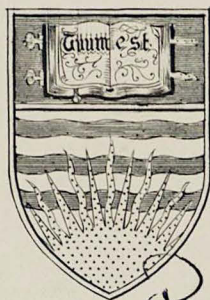




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Issued by the
PROVINCIAL BOARD OF HEALTH, BRITISH COLUMBIA

Public Health Nurses' Bulletin

OCTOBER, 1924

v. 1 no. 1

IT is the purpose of the Provincial Board of Health to assist the Public Health Nurses to issue a bulletin which will be a medium for the exchange of ideas in connection with their daily work.

We all profit by experience gained when applying our theoretical knowledge to problems that arise and which may be classed as purely local. Yet similar conditions in other districts may have to be met, and one nurse's experience when told through the bulletin may be of great help to others.

With this object in view the nurses have been asked to send in from time to time an account of their trials and tribulations, giving or asking for advice.

Such an interchange of ideas will be of great benefit to all; not only to the nurses, but to the women's organizations, who are so much interested in the work and who are the main support of the service.

We wish the public to understand and appreciate the difficulties which the nurses have to contend with and we also wish to have the bulletin be a means of educating the public to the fact that a nation can only exist and progress on a firm foundation of health.

We owe such a service to the rising generation.

Miss Jeffares, Public Health Nurse at Duncan, has kindly edited the present issue.

We have reserved material, from centres not mentioned, for a later issue.

SPEAKING OF RESULTS.

The actual figures are often beyond our greatest hopes, which is another way of saying that the report of my first year's school-work in Nanaimo surprises even myself.

The results from our dental campaign are very gratifying; the teachers and the parents, as well as the members of our medical staff, have united in making dental work and the routine care of the teeth the popular thing. In two classes one-half the pupils have already been to the dentist, and in a school of 146 pupils we could only find two boys who did not have perfectly clean teeth.

The children were asked to sign lists in the class-rooms, giving the date they began and the date they completed dental treatment. Class rivalry was stimulated by the promise of a star on the longest list. This also gave me an excellent record of the dental work.

M. J. WOODS (NANAIMO).

COMMUNITY SERVICE.

Miss McClung, Kelowna, reports that she is a member of a Relief Committee, the object of the committee being to raise sufficient money to enable Miss McClung to make arrangements for the necessary medical and surgical attention required by children whose parents cannot afford it. We must ask Miss McClung to let us have a report of the work of her committee and the result of their general appeal to the public for funds.

SCHOOL-WORK IN VERNON.

There are four schools in the town, with about 1,000 children in attendance. The majority of the children are suffering from defects which have been reported on by the previous nurse, and are still uncorrected. The great difficulty seems to be a financial one.

I found the Women's Institute very helpful, and through them was able to get a dental chair installed in one of the schools, with a view to arranging for a dental clinic shortly.

In visiting the homes of the children, I find the parents are very pleased to get any advice with regard to the health of the children I am able to give them.

JEAN A. DUNBAR (VERNON).

COLWOOD.

In a large district, such as the one in which I am operating as nurse in charge of the Esquimalt Rural Nursing Service, the service necessary to bring about the desired results of educating the people to a realization of the benefits derived from supporting such a service in their midst is very varied.

Apart from the usual aims and objects of a Public Health Nurse, which include the dissemination of all information tending to check the spread of infectious and contagious diseases, and the inculcation of habits of right living amongst the people, child-welfare, etc., social service must play a very important part in the daily life of a nurse in charge of such a service.

If all the work accomplished by a Public Health Nurse could be made public, there would be no difficulty in obtaining the vote of the people at the annual ratepayers' meetings for the extra small assessment towards

the upkeep of the service in their midst, but much of her work has of necessity to be kept confidential, and therefore much of the benefits of the service are known to only the few.

I will quote one case of many, withholding, of course, names and anything which may lead to identification, whereby the State has been saved, potentially, many thousands of dollars; the State, and thereby the people.

The case deals with the Social Service Branch of the work. I learned of a family living away back in the bush, where there were three boys who, owing to them living outside the 4-mile limit, had never attended school. Accompanied by the vicar of the parish, I went to investigate the case. Taking my little car up miles of rough trail with barely room at times to pass, we eventually located the place where the family in question were living. There we found a shocking condition of things in general. The three boys, ages 6, 8, and 10, had not only never been inside a school, but were unable to speak properly, owing to the fact that the father was almost stone-deaf and the mother on the verge of a mental collapse through loneliness and lack of association with her fellow-creatures.

Within two weeks we had the family moved to the village of —, and very soon after that had collected sufficient clothing for the boys to attend the school there. This was some months ago, and the boys are now doing well at their studies and show fine promise, and the mother, though still suffering more or less from her terrible experience of loneliness in the bush, shows great improvement, and no reason at all why she should not become a normal healthy woman. The father, a good workman, but severely handicapped by his extreme deafness, will have the chance to become a useful self-supporting citizen, as I succeeded in interesting the local Women's Institute and the Nursing Association to the extent of procuring an ear-trumpet for him.

That is only one case from one portion of the district; but it will serve to show how necessary it is for a Public Health Nurse, when in charge of a district, to give and have a wide view of the opportunities of service, and for the people to realize this service and support it liberally, and thereby save themselves increased taxation in the future. It will not require a very vivid imagination to realize what a burden such a family would have become to the State eventually had they been left to their own devices.

With regard to the progress of the Nursing and Public Health Branch of the work, we have by dint of perseverance, and with the co-operation of the Public Health Department and the Saanich Health Centre, to whom we are indebted for the loan of a dental chair, established a dental clinic for children of school age and under—a service which has proved itself to be of undeniable benefit and which is greatly appreciated by the parents. We held our first clinic during the Easter holidays and are continuing the work to completion during the midsummer vacation. There is no better foundation for health than in a clean mouth, with

well-preserved teeth that will masticate the food required to build up a healthy child, and ensure a good digestion and assimilation of the same.

Of my pre-natal work, first-aid work, etc., I need say very little, but it is very gratifying to note the growing confidence with which mothers will appeal to the nurse for advice regarding the slight ailments of their children, and the welcome extended when making those numerous "home" visits, which mean so little to the casual observer when reading of the number of "home" visits made in the monthly report, but which mean so much to the nurse and to the parents and to the future realization of the achievement of the aims and objects of the public-health movement.

I have Girls' Health Clubs established in several of my districts, and hope before very long to have Boys' Health Clubs established as successfully. My dreams for the future include a real health centre, where boys and girls and men and women and babies will come to "play" and learn to be healthy; not come because they are sick, but come to learn how to keep well; space will not permit of detailed descriptions of my "dream health centre," but in time I hope to achieve my object. A Public Health Nurse's object and that of a Nursing Service should be that of promoting public health; not merely the attending of sick people at so much per visit, but by giving advice privately, and in public-health talks show them how to keep well so that they won't require the services of the nurse for sickness, but be glad to pay for her upkeep in their midst because they recognize their need of her.

I have a splendid committee to work with, one whose motto is "progress," for which I am very thankful, and who are, one and all, in absolute sympathy with the movement and who encourage and do not hinder.

HELEN KELLY.

DUNCAN.

COWICHAN LAKE SCHOOL FAIR.

I had accepted an invitation to attend the School Fair at Cowichan Lake, our most rural school, about 20 miles from the Health Centre headquarters, and present the prizes for the Health-book Competition, which were given by the Provincial Board of Health. Cowichan Lake School is in the centre of a logging community and most of the children come from the different camps.

On arrival at the school we found the judges were busy in the school-house with the exhibits, and sports in progress on the grounds; a group of about forty parents being accommodated on roughly put-up benches or on the desks from the school-house.

In the school-house the different exhibits were arranged attractively, our interest, of course, being centred on the "Health Books." Last February it had been suggested to the teacher that, if she cared to take the matter up, a prize would be given for the best essay, poster, or book on any health topic taken up by the School Nurse during the term.

About eighteen books and several posters were sent in competition; some of them were a great surprise. The majority of the books were illustrated with cut-outs, while some had little pencil or water-colour sketches, all of them being made to look as much like a book purchased in a shop as possible. One clever little book on "Milk" had an amiable-looking cow on the front cover and a very tiny milk-bottle in the centre of the back cover.

After the sports had been run off and the judges had completed their task, the pupils put on a little health playlet, in which there was paraded before a little, pale, thin "City Boy" all the good things he could procure more easily by living in the country. The children were dressed to look the part of the article they represented; for instance, "Egg" was a tiny golden-haired girl, carried in a large basket covered with white crepe paper. When all the "Good Things" were arranged around the little boy and he was considering their real value, in walked a procession of his old-time "Enemies," headed by a large "Coffee-pot," and followed closely by "Pie" and "Candy." It was not very long, however, before the superior strength of "Milk" and his faithful supporters was felt, the "Enemies" chased afar off, and thin, little "City Boy" left to his new friends.

I. M. JEFFARES (DUNCAN).

GOOD-HEALTH COMPETITIONS IN RURAL SCHOOLS.

Realizing that it was possible to arouse interest in health-teaching in rural schools by way of a good-health competition, we decided to put on this year a competition among all the rural schools in our district. The rules of the competition are simple and as follows:—

Between the rural schools visited by the Public Health Nurses from the Health Centre, Duncan, this year we are going to have the most wonderful competition for the best HEALTH POSTER, HEALTH BOOK, and for the best ESSAY on any HEALTH TOPIC.

There are going to be SIX PRIZES offered, as follows:—

- Prize for the BEST POSTER made by a girl.
- Prize for the BEST POSTER made by a boy.
- Prize for the BEST HEALTH BOOK made by a girl.
- Prize for the BEST HEALTH BOOK made by a boy.
- Prize for the BEST ESSAY written by a girl.
- Prize for the BEST ESSAY written by a boy.

The poster is to illustrate a "Health Talk" given by the nurse. The essay may be upon any "Health Topic" taken up by the nurse during the school term. The "Health Book" must tell and illustrate the story of "Good Health."

Special Prizes.—A special prize will be given in each school for the BEST POSTER, HEALTH BOOK, OR ESSAY, the age and school standing of the competitor to be taken into consideration by the judges.

Competition to close May 31st, 1925.

The Provincial Board of Health has kindly offered to see that we have prizes and we are looking forward to a great many entries.

In order to conduct the competition with as little confusion as possible, we drew up the outline of "Health Talks," given below, for the year, so that all the children will receive the same instruction and have an equal opportunity to send in the best poster, health book, or essay.

Month.	Topic.	Story.
Sept.....	Cleanliness, fresh air, and sunshine.....	The Pig Brother.
Oct.....	Proper food and drink.....	The Milk-bottle.
Nov.....	Teeth	Old Grouchyman Tooth-ache.
Dec.....	Proper clothing, posture, and exercise.....	The Crooked Man.
Jan.....	School ventilation and common cold.....	Mary had a Little Cold.
Feb.....	Germ-life—common cold and sore throat.....	Billy's Pal.
March.....	The need of green vegetables and fruit, also neatness and cheerfulness.....	The Two Houses.
April.....	Talk on annual physical examination, the reason and why defects found should be corrected, leading up, especially with interest to the older children, to the need of a healthy race physically, mentally, and morally in Canada.	
May.....	Flies, home and school sanitation.....	The Diary of the Fly.
June.....	General review and presentation of competition prizes.	

I. M. JEFFARES (DUNCAN).

PERSONAL ITEMS.

When a nurse is making a change from one district to another, it is very pleasant to be able to carry away the knowledge that the people of the district appreciate your work among them, not only professionally, but from the community standpoint as well. Such must be the knowledge of Miss Gawley when she looks back on July last, when the people of the Malakwa District met together to make her a presentation, and to say "Farewell" to her on the eve of her departure.

* * * * *

Miss Ada Benvie has resigned her position on the staff of the Cowichan Health Centre, as she finds it is necessary for her to remain with her mother, who is ill at her home in Nova Scotia.

* * * * *

Miss E. Naden, B.Sc. (Nursing), U.B.C. '24, has been appointed to Cowichan Health Centre.

* * * * *

Miss E. N. Bodenham has left Keremeos for the "Old Country," where she expects to remain indefinitely.

CONVENTION NOTES.

During the past summer there have been several conventions held in the East of interest to Public Health workers, and being fortunate enough to obtain a copy of notes taken by a Public Health Nurse attending three of the conventions, I thought perhaps some of the other nurses might enjoy reading them also, as it is surely interesting for us to have an idea of what the leaders of our profession are thinking and of the work that is being carried on elsewhere.

At the Biennial National Nursing Convention held in Detroit in June, Dr. Lockwood, of the Pasadena Hospital, spoke on "The Role of the Physician in the Education of the Nurse," after which there was a very heated discussion, at which it was admitted that more and more the education of the nurse should be turned over to the nurse. Dr. Lockwood said that medical men were too busy to properly prepare their lectures, and consequently the lectures were often either too advanced and technical or too elementary to be of much value. He admitted that many doctors felt that the pupils should receive only such teaching as they chose to give them, but he felt that the nurses themselves should be equipped to give most of the teaching, and he felt sure that the doctors would very soon realize the value of such a step and would be glad to relinquish the teaching to the nursing profession.

* * * * *

In giving an address on "Communicable Disease" at a general session, Dr. Chas. Emerson, Dean, Indiana University School of Medicine, said he thought it was the duty of every Public Health Nurse to teach on every possible occasion to individuals and to groups the value of serums, vaccines, and antitoxins as preventive measures against communicable disease. He also felt that, unless the nurse herself was a firm believer in all preventive measures, she should not pretend to be teaching preventive medicine as a Public Health Nurse. He felt that a nurse who could not believe thoroughly and implicitly in preventive measures that had proved to be successful should find some other line of work.

* * * * *

At the Child Welfare Section of the National Organization of Public Health Nursing, the general thought of the meeting was that in most cases too little attention was being paid to the pre-school child. While realizing that at present the school-child needed a great deal of care and attention, it was felt that most organizations should lay more stress on the necessity of allowing more time for work with the pre-school, and that much of the health-teaching in the schools would need to be given by the teachers, thus leaving the nurse free for more intensive pre-natal and pre-school work.

The question of continued visits to mothers who failed to co-operate with baby clinics and welfare organizations came in for lengthy discussion, some of the nurses maintaining that after a period of two or three months such mothers should be dropped and the nurses' time and energy given to those willing to co-operate. Finally, however, the meeting

decided that this was not the wisest course, and that the mothers who would not co-operate were those who were most in need of education, and that there should be no limit to the time of carrying such patients. It was also suggested that a change of nurses visiting a particularly non-co-operative individual might bring about the desired results, as very few of us in this world can deal satisfactorily with every question.

* * * * *

At another meeting, Dr. Haven Emerson, speaking on "Meeting the Demands for Community Health Work," emphasized the thought that community health is, after all, primarily an individual problem; that we must seek to educate people to their responsibilities towards maintaining the health of themselves and their children and of guarding against communicable disease by the preventive measures that are now available. When this is done, community health will be cared for to a great extent by the people themselves. Dr. Emerson felt that this should be the end towards which we should all strive, to make people realize and admit their individual responsibility for the health of their community.

Miss Crandall, of the American Child Health Association, took a view almost opposed to Dr. Emerson, and laid the responsibility for the community health almost entirely on the State or Federal Government. She advocated communistic methods of obtaining medical and hospital aid and of pensions, etc., for old age, sickness, unemployment, etc. She did not feel that the individual was primarily the one to undertake the work of raising standards of community health.

Mr. William J. Norton, Secretary of Detroit Community Fund, said that so often Public Health Nurses and doctors were so interested and enthusiastic about their work that very often they failed to realize that the public at large did not understand clearly just what they were trying to accomplish with the money they asked for.

He said that we should remember that, after all, it is the lay people who provide the money, and we should take greater care to see that they understand just what we are trying to accomplish before we ask for money, and we should invite their co-operation in the spending of their money more often than we do.

* * * * *

Dr. Dixon, Director of V.D. Clinics, Detroit, spoke on "Milestones in Progress of Social Hygiene from a Medical Standpoint." He emphasized the fact that venereal disease can be both cheaply and satisfactorily treated if we can only educate people to the necessity.

He said that in his opinion sex education should be given in the home, but deplored the fact that so few people have a vocabulary which is at all adequate for such teaching. Dr. Dixon said he made it a practice to ask the mothers and fathers who came to him for some considerable period just what they knew about such matters and what they could tell their children, and he said very few of them had words which could be used without embarrassment. Dr. Dixon said he felt it was the duty of every physician to teach parents in simple dignified English what

they hand on to their children, and maintained that such teaching could never be undertaken until the people were provided with a vocabulary of simple dignified words.

* * * * *

Efforts to prevent crime among foreigners should be along lines of showing them the opportunities the new land has in store rather than endeavouring to make them forget their own national traditions and ideas.

The Employment Service in Canada was reviewed by Professor Jackson, Toronto University. In 1923 about 377,000, or about one-eighth of the working population of Canada, obtained work through this service. Stabilization of employment by public expenditure was complicated by the fact that the Federal Government does not consider unemployment primarily its problem, although willing to help the municipalities to a certain extent. Up to the present, Professor Jackson said, the method has been haphazard and in future must be considered on broader lines.

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CONFERENCE ON SOCIAL WORK, TORONTO, JUNE 25TH TO JULY 2ND.

At a luncheon of police-women, Mrs. Wooley, of the Merrill-Palmer School, Detroit, spoke on "Pre-delinquency," emphasizing the fact that a great many of the lasting impressions are recorded on a child's mind before the age of 5 years. She is convinced that the seeds which later bring a harvest of disgrace are sown very early in life and are planted sometimes by parents, who are not evil-minded but merely injudicious, and are ignorant of methods of wisely training children. She believes that back of every crime lies a mistake in training and that the innocent beginning of many an evil habit lies in mistaken training methods of parents.

The telling of diplomatic lies was strongly denounced. Many parents consider it an easy way of dealing with children, but it is unsafe, particularly in dealing with the ages of 3 and 4, when the imagination is apt to run riot.

* * * * *

Mr. K. C. McLeod, of Edmonton, was the principal speaker at a meeting when the problem of the underdeveloped child was discussed. He was of the opinion that the time had come for drastic measures. He thought that many of the children could be socialized and if put in the right kind of home could be taught certain routine duties. Those incapable of being taught should, in his opinion, be chloroformed. Mr. McLeod thought that a country which was already overburdened with taxation should not be asked to provide expensive institutional care for such cases. He also maintained that all definitely feeble-minded persons should be sterilized, thus cutting off at the source the supply of feeble-minded children.

Two resolutions were adopted at this meeting:—

(1.) To the effect that the association strongly disapproves of any newspaper publishing any details of any criminal offence by children

before such a time as their cases have been disposed of by the Juvenile Court; the theory being that the notoriety of any case injures the child and adds to the possibility of future delinquency.

(2.) To advise the various Provincial Governments that they should harmonize and co-ordinate as far as possible those branches of the public service dealing with the supervision and inspection of children in foster homes, and the inspection conducted by the school, health, and other organizations, to avoid undue multiplication of expenses.

* * * * *

Dr. Bernstein described the development of the last thirty years in the care and education of the feeble-minded as carried out by the institution at Rome, N.Y. All of the inmates (as far as possible) are trained for some manual work. On some of the farms where the boys are taught they are entirely self-supporting, and the simple environment of the farm is the best possible for them. Considerable success has been attained in starting some homes for girls in small cities where they can go out and perform domestic duties during the day and return to the home at night.

* * * * *

Dr. Chas. Johnson was another speaker at the same meeting. He deplored the feeling of antagonism which had arisen between many public and private agencies. He urged all social workers to go back with the resolve to educate legislators out of the belief that posts of responsibility in welfare-work should be regarded as "political plums."

* * * * *

At the meeting of the Immigration Session, Dr. Barnes in his address said the immigrant should be taught English, but should also use their mother-tongue, and the best customs of their own land should be maintained and blended with our customs.

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Public Health Nurses' Bulletin

Vol. 1

APRIL, 1925

No. 2

THE reception accorded the first issue of our get-together bulletin was most gratifying, and whilst the material at hand does not enable us to promise an issue on specific dates, yet we are assured of such an interest that publication will be continued.

The present issue is timed for distribution at the next meeting of the Refresher Course to be held at the University in Vancouver, April 15th to 18th.

The experience gained at last year's course has enabled us to enlarge the programme, special attention being given to the Public Health Nursing Service, and under the able direction of Miss Ethel Johns, Department of Nursing and Health, University of British Columbia, we are promised a most profitable and enjoyable time.

The gradual but solid growth of the Public Health Nursing Service in British Columbia proves its worth, and the Department feels that this progress is due largely to the efforts of the nurses.

The success obtained in any locality rests primarily on the persistence and personality of the nurse. That our nurses have succeeded in the face of many difficulties is shown by the results.

The letters received in the Department from many who formerly were severe critics is the best evidence that the nurse, unaided, has overcome and turned active opposition into approval not only of the work, but of the nurse herself.

The change in public opinion in reference to our work may be visualized by looking at the change in baby's dresses, so well shown in the pictures in this number furnished by Miss McClung.

The Department would suggest that the question of books on nursing be discussed at the Vancouver meeting, especially in regard to those that might be used for reference.

May we take this opportunity of expressing the Department's appreciation of the work of the nurses and to say that it seems to us that the nurses in the Public Health Service believe that the best reward for all endeavour is "work well done."

We are again in debt to Miss Jeffares, of Duncan, for her work as Editor.

SAANICH.

As a member of the Saanich War Memorial Health Centre my experience in public-health nursing has been confined to rural work, and I am in favour of the generalized plan.

There are many reasons why the generalized plan is the only one for rural communities. First, there is the question of expense. We know that the people find it quite a burden at times to support a nurse; in fact, in many districts, even when generously assisted by grants from the Provincial Board of Health, a portion of the people feel it is too great a burden. So one can readily see how utterly impossible it would be to support several nurses doing specialized public-health work.

Secondly, in most rural places, with the exception of the more thickly populated, such as Saanich and Cowichan, there is sufficient work for one nurse only.

Thirdly, it affords greater satisfaction to the nurse herself to know that she can be of service to the entire family in bedside nursing, school-work, T.B., and child-welfare visiting, as well as social-service worker in time of need.

Fourthly, those who have lived more or less isolated lives are naturally quite reticent, and are more likely to confide in one nurse than in several.

During the past three years the Public Health Nursing Service as directed from the Saanich Memorial Health Centre has grown to such an extent that the nursing staff now consists of Nurse Superintendent, two District Nurses, and one School Nurse. Our district is a large one, covering an area of 55 square miles, with a population of 12,000, of which 1,800 are school-children.

In order that the work can be systematized, a nurse is in charge of the prenatal and bedside nursing, another the school-work, and the third the child-welfare work. Do not mistake this for specialized work. For example, I am the second District Nurse in charge of the child-welfare work. I usually begin my day in school-work, transporting the School Nurse and her equipment to her allotted school, gathering together the children who have appointments with the dentist and bringing them to the clinic. If there is a case of communicable disease in a school, I assist by inspecting the children in the class-room daily for ten days, and follow up any absentees with a home school visit. Then, again, the stork has been exceptionally busy and the other District Nurse requires relief. A call comes from the Municipal Hall, "Mr. — is reported to be in want; please investigate." Now I become the social-service worker. So, too, the other nurses have similar experiences, and we conduct our service under the generalized plan.

The Child-welfare Nurse endeavours each month to visit every infant under 2 years of age and every pre-school age child in the district. At present we have about 600 pre-school age children under our supervision.

Each month a list of births in Saanich is forwarded to the Centre from the Vital Statistics Department. They are visited as early as possible, and almost without exception the mother is glad to see the nurse



Old.

Babies' Clothes.

New.

and seek advice from her. We tell the mother that if she is worried about the baby to send for us and we will be glad to assist in any way. These visits are recorded and kept on file in the Centre.

We always introduce the subject of the well-baby clinics, discuss the value of them, and invite the mother and baby to attend. Last year several never missed a clinic, and we have mothers who cannot praise too highly the work of the clinics, for had it not been for such and the follow-up work by the nurse, some of them undoubtedly would not have their babies to-day.

We help the mothers in regard to diet both for herself and family. Encourage breast-feeding and discourage canned foods at all times.

As the child grows older, we talk about the importance of clean, healthy teeth; show the right kind of toothbrush (the Hutax); advise consulting the dentist every six months. We look at the throat and tonsils and if swollen or pitted advise consulting the family physician.

We are proud of the fact that the first pre-school clinic in British Columbia was held in Saanich. We believe that if we supervise the child until he is 6 years of age he will enter school in good health and will be able to get the most out of his school-life, because he will not be handicapped by infected tonsils or decayed teeth.

FLORENCE L. FULLERTON, R.N.

A DENTAL PLAYLET.

On December 18th I was invited to attend the Christmas concert given by the pupils of the Yorke Road School in Duncan. This is a one-roomed school and all the children are in the third grade.

To me the most interesting part of the programme, composed of songs, recitations, and short playlets, was the little play entitled "The Bad Molar." This playlet stresses the reason why the "Six-year-old Molar" should be cared for, and makes the reasons clear and interesting to the children, and to the parents as well. A large face was improvised and the children's heads fitted with white cardboard representing the different teeth.

The characters were: The Little Old Woman who lived in a Cave; Jack Central Incisor; Jill Lateral Incisor; Jackie Horner Cuspid; First Baby Molar; Second Baby Molar (the Bad One); Six-year-old Molar; Bicuspid; Mr. Toothbrush; Mr. Dentist.

The Bad Molar has persistently refused to allow Mr. Toothbrush to scrub him, and consequently while the others are enjoying a game he is afflicted with severe pain. Mr. Dentist can do nothing but pull him out. Six-year-old Molar being weak leans over toward First Baby Molar for support. Bicuspid then tries to grow into place, but there is no room, so he must come in out of line, thus spoiling the usefulness and good appearance of all the permanent teeth.

The children were keenly interested in preparing the playlet and are now giving more attention to the care of their teeth.

E. NADEN, R.N.

PIONEER NURSING ON VANCOUVER ISLAND.

Sayward is situated on the east coast of Vancouver Island, 180 miles from Victoria and 135 miles from Vancouver. Coming to Sayward in the month of August, 1920, when transportation was very bad, I found the bridge across the Salmon River was out, and it was necessary to use a rickety foot-bridge built by the settlers or cross by the ferry when the river was low. There have been many improvements, however; we now have a fine new suspension bridge, two others have been repaired, and I believe there is a new wharf under construction.

Shortly after my arrival some of the progressive settlers, hearing I was a nurse, corresponded with the Provincial Board of Health, asking for a School Nurse, and I was given the appointment on part time.

I was visiting a neighbour one day, when two young girls came up and asked if I would go and see a young woman who was ill at a camp about 8 miles distant. Without further delay I left my two girls with the neighbour and started off. About a mile down the road I met the mail-carrier with a note, explaining that the woman I was on the way to see was expecting her baby and could not get out to Rock Bay Hospital, as she had planned. I hurriedly procured as much in the way of supplies as possible and continued my journey. On arrival at the home I set to work, and by 2 in the morning the first baby of the family had arrived, a fine healthy little girl. Never shall I forget my anxiety and fear that everything would not be normal.

A lad cut his foot the other day with an axe and his father came running for me. The cut was long, and after bathing it well with lysol solution, removing worsted and other foreign particles, it was necessary for me to put in two stitches. The wound healed well and the boy was soon walking around.

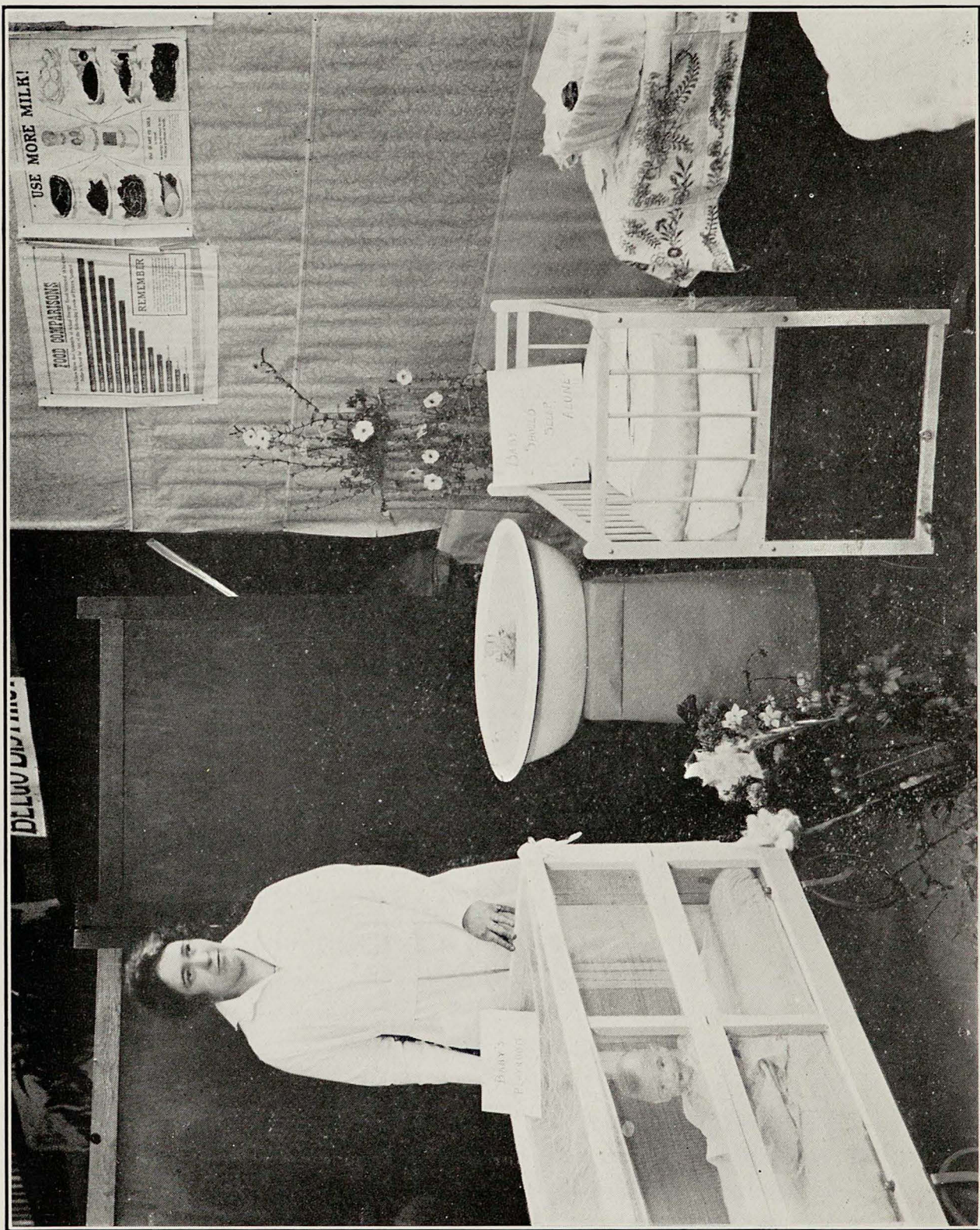
I find there is a lack of understanding and perhaps of appreciation of what a nurse can actually do, and what I am attempting to do. In several cases, I am grateful to say, some of the most antagonistic members of the district have been glad to send for me in time of need.

It is difficult working alone and not having the advice and assistance of a doctor.

School-work.—I have two schools about 5 miles apart with a total attendance of twenty-three children. After my appointment as School Nurse I had considerable difficulty with the problem of pediculosis. Some of the parents were indignant that I should examine their children. I am glad to say that through constant supervision and treatment unclean heads are past history in Sayward.

Two years ago, with the assistance of the Provincial Board of Health, it was possible to get a dentist to visit the schools. He stayed ten days and attended to all the necessary work. This year, I believe, he is coming in for trout-fishing and I am hoping will be able to attend to the necessary dental work at the same time.

Last year an optician came in and several patients, including two school-children, received treatment.



The Nursery.

The teacher in each school has a first-aid box and is able when necessary to render aid. They also provide a hot drink for the children who bring their lunch to school.

Through co-operation with the Women's Institute we have had a filter put in the lower school, also individual cups and towels.

M. WALLS.

KELOWNA FALL FAIR.

We had our first public-health exhibit at the Kelowna Fall Fair in September, 1923, just ten days after my arrival. The time had been very short for the necessary preparation and it was only through the co-operation of the local merchants, who kindly loaned me different articles to supplement the equipment already in use, that I was able to have an exhibit at all. Considerable interest was shown, sufficient to encourage me to greater efforts for the 1924 Fair.

Early in the year I made sure of a larger space in a conspicuous corner. Aside from the articles I was again able to borrow from the merchants of the town, I made and used others to substitute when it came to a question of money in the home. For instance, the making of a baby's bed out of a clothes-basket and the use of a plate for holding the articles for baby's bath.

One of the merchants gave me several end rolls of wall-paper, which, being of a blue-and-white pattern, showed to advantage the baby-clothing hung up in that section of the exhibit.

Comparisons between the "old system" and the "new system" were carried out through the entire exhibit. A great deal of interest was shown in the old-fashioned baby-clothes as compared with the modern, and many were interested in the cradle, but preferred the kiddie-coop and cot, while Peter, the demonstration doll, and who occupied the kiddie-coop, was desired by the children, many of them coming again and again to see him.

The placing of placards on the different exhibits, as, for instance, "Baby should sleep alone," assisted me greatly and made it possible for the people to ask more intelligent questions.

Almost as many men as women came to see the exhibit, and remarks such as "Very enterprising"; "This exhibit is not only good to look at, but means something," were a few of those overheard.

Mrs. D. W. Sutherland was my only assistant in getting the exhibit ready.

M. R. McCLUNG, R.N.

PROBLEMS OF THE PUBLIC HEALTH NURSE.

The first and, I might say, one of the foremost problems that a Public Health Nurse has to face is, strange though it may seem, her committee. A committee in charge of a Public Health Nursing Association is composed usually of public-spirited men and women, who are elected by the residents of the district in which the association operates.

These men and women as a general rule have the true interests of the association and work at heart, but often they lack the necessary knowledge and education in rural nursing, which makes it difficult at times for the nurse. They are anxious to be able to present a good report at the end of the year to the people who elected them to act in their interests, and for this reason are apt to study the dollars and cents before service.

True, the dollars and cents must be looked after, and it is certainly up to the committee to see that the money is spent economically and without waste, as far as is consistent with good service; and sometimes one or two of the overzealous will quibble over trifles which would mean an almost negligible saving to the funds of the association, and at the same time do more harm than good with the general public.

They fail to realize sometimes that the nurse in charge has, as a rule, had many years' experience in this particular line of work in different parts of the country (I am speaking, of course, of the thoroughly experienced nurse), and that her judgment is based upon the study of the people with whom she has to deal and the conditions under which she has to work, and that that judgment is usually sound and reliable.

I am not suggesting that the nurse should be in a position to dictate to her committee—far from it; she is usually quite satisfied to leave the business management in their hands, but in some cases, when a question arises regarding some little point in the administration of the service, it would be well if the committee were to ask the nurse's advice before coming to any definite decision. Much trifling comment and criticism would be avoided if this practice was adopted.

Suggestions for overcoming Difficulties and solving these Problems.—I would suggest, by a course of lectures or talks by some of those in authority in public-health work, and under the direction of the Provincial Board of Health, at the meetings of the Committee or Council, to educate the members regarding the true, fundamental principle of a public-health service; to bring to their notice the vast difference between a public-health service and an ordinary professional nursing service, or other professional service. Their attention should be drawn to the fact that the people who are supporting the service by voluntary taxation have a right to consult the nurse on small matters, by phone or personal calls, should they so desire, without being called upon to pay the nursing fee, as they would if her actual professional services were required.

The result of these talks would be an enlightened Council or Committee, and they, then, in turn would give careful consideration to the election of their Executive Committee, and appoint men and women with a view broad enough to overlook petty trifles and constructive enough to accept suggestions offered for the upbuilding of the service, even though such suggestions may not happen to just coincide with their immediate views.

H. KELLY, R.N.

KEEPING OUT OF RUTS.

BY DR. C. E. A. WINSLOW.

The point that seems to me of major importance is the necessity of keeping your sense of your work vital, not getting into a rut, not taking the day's round as a day's round of so many places to visit, so many tasks to perform, but cultivating awareness of the possibilities and of the purpose of the work of your organization. Do you remember the story of the ship off the north-east coast of South America, on which the drinking-water had given out? The crew were almost at the point of dying from thirst, when they finally saw a steamer approaching and hoisted a signal of distress. When the steamer came nearer they signalled they were in need of water. The steamer ran up the reply, "Let down a bucket where you are." The suffering crew thought they were being mocked; but after the signal was repeated several times, at last they did let down a bucket and found the water was fresh. They were in the mouth of the Amazon River, where it flows in all its freshness far out into the sea. We are constantly looking for inspiration and encouragement, for big and stirring things outside. The needed inspiration can be found in our daily work if we realize to the full what the public-health campaign actually means and what it is accomplishing.

Remember, too, that you are never alone in the performance of the great tasks to which you are dedicated. The nurse has a tradition; she stands for something.

She is a member of an organization; but she is more than a member of her organization. She is the link between the public-health science and the community. I was tempted to put the name of "Louis Pasteur" on the chart instead of "Public-health Science," because you are carrying the message that Pasteur first discovered in that dingy little laboratory in the Ecole Normale, and that scientific men all over the world are still working out, down to Doehex and his scarlet-fever serum in New York City. The wonderful struggle for the betterment of existence through the healing touch of science in your hands. You are the channel through which the stream flows to the people. You are part of the great sweep of human progress toward a safe and richer life for all mankind.

PUBLIC HEALTH NURSING IN NANAIMO.

Nanaimo is very happily situated for public-health work; it is not too large, easy to get about in, with very little unemployment. A small monthly fee of about \$1 provides the service of a doctor for all the employees of the Western Fuel Company and their families. This company's medical service does not include dentistry or the services of a specialist for eye examination. It does, however, provide the service of a doctor for adenoid and tonsil operations, the people paying a small fee for the use of the operating-room and a charge for the day or so they spend in hospital, which usually amounts to about \$5 or \$10.

Thinking over the work here, our first impressions were the same—namely, how much educational work was needed before any results could be expected, other than those obtained from individual instruction.

The educational work has gone steadily forward in the schools since September, 1923, and in the Nursing Service since May, 1924. Much has been accomplished through the distribution of literature, talks in the class-rooms, talks at Service Clubs, etc., but we still feel the need of “convincing” many of the people and have them assume personal responsibility for themselves and their children.

In the schools, for example, small cuts and abrasions often become infected unless the child comes daily to the School Medical Office for dressing. Soap, hot water, and clean cotton are all that is necessary if treated at the time of injury, and once a day for a short period.

Our greatest advance in the schools has been in the daily care of the teeth. In December, 1923, the dentists made a survey of some hundreds of the pupils and their report convinced the people beyond a doubt that the teeth need daily care at home, as well as regular examination by the dentist.

The regular work in the school has been interrupted by an epidemic of measles and of impetigo in 1923 and 1924, and by scarlet fever in 1924 and 1925. The epidemic gave us an opportunity to instruct in a very practical manner the source of infection, the transmission and the prevention of disease. That the latter is really a matter of individual responsibility was brought home to the pupils as each new case developed.

The Nursing Service includes the usual work, obstetrical and other bedside nursing leaving little or no time for child-welfare work. The results of the prenatal service is very satisfactory, co-operation with the doctors making it possible to report to them any unfavourable symptoms noted.

The teachers appreciate the literature we have for distribution very much, and requests have come to us for literature from teachers outside of the city, where as yet there is no Nursing Service.

We cannot speak too highly of the interest and kindly understanding displayed by our Boards, an interest that never fails, even though we sometimes feel that the results are slow. The doctors, dentists, the different Service Clubs and all the societies interested in the welfare of the public support our work, and thus we feel that the future holds great possibilities for the results of the last years' educational and practical work.

A. A. LEE.

M. J. WOODS.

KAMLOOPS.

The physical examinations conducted in the Kamloops schools last winter revealed, as usual, the glaring need for dental attention. Something should be done, and that right early. When approached upon the matter the dentists willingly agreed to conduct a survey among the school-

children. They spent on an average of probably three or four hours each, and the statistics thus obtained were startling; 87 per cent. of the children showed dental defects, and of these 66 per cent. had need of attention in their permanent teeth.

On completion of the survey I was informed that the School Board were having a meeting in a few days to make up the estimates for the year. This left little time to prepare a comprehensive report which at the same time would prove convincing. However, after its presentation to the School Board, that body considered a school dental clinic so necessary, both from the health and from the economic standpoint, they unanimously appropriated funds to provide equipment for a permanent dental clinic; also sufficient funds to guarantee a dentist's salary for the first year.

Unfortunately for the welfare of the clinic, the School Board's estimates far exceeded those of previous years, with the result that the City Council were thoroughly opposed to the extra expense that a clinic would involve. For the following three weeks "Dental Clinic" was freely discussed. It became the favourite topic of conversation on the streets and a number of letters were published in the local paper "*Re Dental Clinic.*" The proposed plan did not lack advertising and parents, I believe, were strongly in favour of its being carried out. Unfortunately a few prominent taxpayers strenuously fought the plan by means of public letters. These letters revealed the fact that there were a number of misconceptions regarding dental clinics in general. There was much talk of a "free" clinic. Strange rumours of mollycoddling were cast abroad and great stress was laid on the big burden the taxpayers would have to assume yearly. And this in face of the fact that full explanation was given in the report, which in turn was sent to press by the School Board.

A combined meeting of the Council and School Board was held to consider the estimates. The Council, feeling convinced they were voicing public opinion, brought the strongest pressure to bear against the School Board's action in endorsing the establishment of a clinic. Although the latter had it in their power to stand by their first intention (funds for a school dental clinic being, according to school law, an ordinary expenditure), the opposition was so strong they decided to cut down on the equipment, but still retained the amount for the dentist's salary on their estimates.

The only alternative now was to find a dentist who would do the work in his office; or, failing that, each man take a share of the work. This, as Dr. Young suggested, would create favourable public opinion and be a stepping-stone to the establishment of a proper dental clinic. Great disappointment was felt when the dentists could not see their way clear to carry out the suggestion, and now plans for a dental clinic must be shelved until the time is ripe to bring them to light again.

In looking back upon the efforts of the past few weeks, it is given one to see where proceedings might have been different and to advantage. Nothing big is accomplished in a day. The vast majority of people are conservative and fight stubbornly against the invasion of a new idea,

especially when they are confronted with it suddenly. It looks strange and, because strange, alarming. But warn them of its approach; talk it over with them; point out its fine qualities; soften its alarming features with reason; then when the stranger arrives the door will be thrown wide and the idea, now no longer new, will be welcomed as an honoured guest.

It was the intention to adopt this method with the clinic idea; to go about quietly with a view to making people anxious to accept the new institution by making them realize how worth while the results would be. Unfortunately, or in this case it may be fortunately, the School Board meeting to consider estimates was held at the time and the matter was rushed to a climax, with a view to saving time. We shall not regret what has taken place, for "clinic" has been discussed and rediscussed among large numbers who ordinarily would never give it a passing thought. Hope is still very much alive and we are looking forward to having a dental clinic in Kamloops, and that in the very near future.

I wish to pay tribute to the manner in which Dr. Young rendered assistance. Never once was I disappointed when I turned to him for advice, and the encouragement I received always brought fresh hope.

MARION FISHER.

KEEPING THE OUTLYING SECTIONS OF A RURAL COMMUNITY SATISFIED WITH THE SERVICE THEY RECEIVE.

In order to keep the outlying sections of a community satisfied with the service they receive, it is necessary to keep in mind the following facts:—

(1.) The residents have less actual contact with the world of affairs, and for this reason probably have more time to think of the service they expect and the service they receive.

(2.) They in all probability value the service given them more than do the residents of the towns and cities.

(3.) There is a feeling (quite natural) in the outlying sections that if the nurse is very busy (overworked) the outlying districts will be the first to suffer, knowing that the nurse will attend to the need that can be relieved at once.

(4.) The following points are to be remembered when working in a rural district:—

(a.) Keep in touch with the health problems as they arise by organizing a local committee, the convener of which committee should be a member of your Central Committee, and whose duty it is to report to you at once any problem, such as an epidemic arising in the district.

(b.) Work for the close co-operation of the teachers and the members of the School Board, as well as that of the resident doctor, if there is one.

(c.) Visit the rural school monthly, making your routine class-room inspection, even if for some reason you are behind in your schedule and it is necessary to postpone some important town work.

(d.) Get acquainted with the parents through home school visiting, even when there are no defects to report; the parents will be glad to have you tell them so.

(e.) Visit the local committee convener after making your monthly visit to the school; give her a summary of the business transacted at the last Central Committee meeting if she was unable to be present; also visit at least one member of the local Board. Do not be afraid of wasting time on co-operative visits; it is not time wasted, but time well spent, especially in rural districts.

I. M. JEFFARES.

PERSONALS.

The first of the public-health nursing students from the University to come to the Cowichan Health Centre for her rural field-work was Miss Hazel Brunker, who arrived February 15th. Since then Mrs. M. Hyde and Miss Anne Hedley have spent two weeks at the Centre, and Miss J. Campbell is expected on the 29th.

* * * * *

On February 28th the nurses at the Cowichan Health Centre entertained at luncheon in their quarters, the guests being Miss Morrison, President of the Victoria Graduate Nurses' Association; Mrs. Osborne, Victoria School Nurse; Miss McCormack, of the V.O.N., Victoria; Miss Buckley, Victoria Dental Nurse; Miss Florence Fullerton, Saanich Health Centre; Miss Woods, Nanaimo School Nurse; and Miss Davie, of Ladysmith. After lunch the visitors were taken for a drive through the district.

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PROGRESS and improvement are proven by the evidence of actual accomplishment. The truth of this statement, if applied to public-health nursing, is shown by the subject-matter of the papers that have been furnished by the Public Health Nurses of British Columbia which we are able to publish in this the third number of the BULLETIN.

As the work is carried on day by day the difficulties encountered seem to be without end and one begins to feel very much like the man who "could not see the forest for the trees."

In reading the papers submitted, the orderly arrangement of the trees becomes apparent and one realizes that it is through orderliness and steady growth that the forest becomes possible.

Sunshine is breaking through the foliage, the shadows are disappearing, the ground is drying, and progress along the road to health is being made.

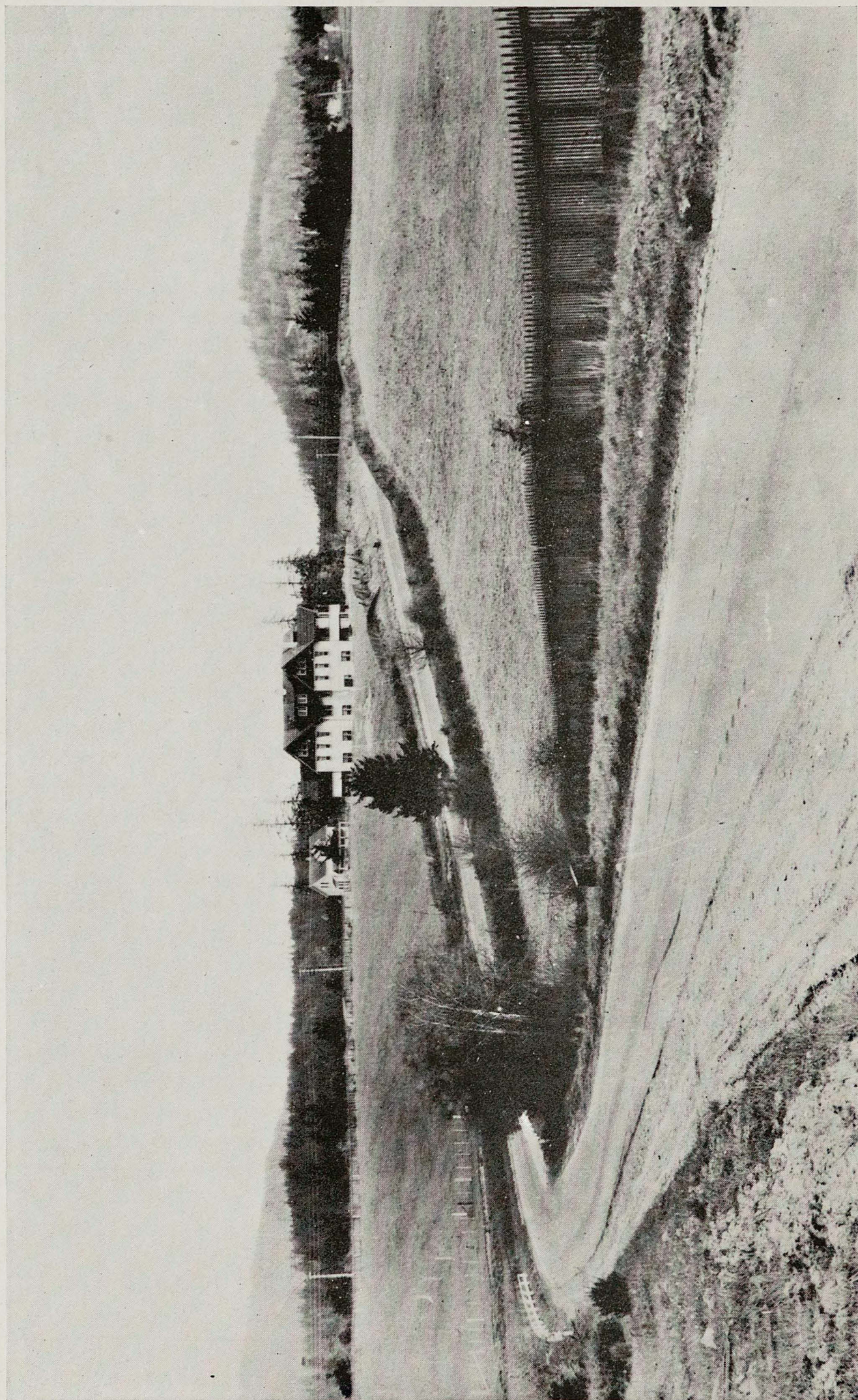
The progress is very evident when comparison is made with previous issues of the BULLETIN. It is quite apparent that difficulties are being overcome, the scope of the work is being enlarged, and as the development proceeds the nurses are unconsciously learning that real success can only be obtained by utilizing every avenue of approach toward the formation of a curriculum, the object of which is the establishment of "health habits." In other words, they are learning that a better balance in health services can be maintained by generalization than by specialization.

Norman R. Carter, D.D.S., called the attention of the Provincial Board to the necessity of attending to the dental work in a number of small schools in his district on the Arrow Lakes. We were only too glad to co-operate and we wish to express our appreciation of the manner in which Dr. Carter handled the situation. At a small cost and with a great deal of personal inconvenience, he went through and we are very thankful that the children have been taken care of. We are also thankful that we have found a gentleman with a sense of public duty, through whose representations the Board was able to act. We are publishing two articles in this BULLETIN from the Doctor's pen.

The Provincial Board of Health is very conscious of the hearty co-operation that it is receiving from the nurses of the staff. We are building up a personnel of which any department may be proud.

In addition, our efforts are to be supplemented by the direction and advice of two outstanding figures in public-health work. We are fortunate indeed in the fact that the University of British Columbia has added to its staff Miss Mabel Gray as Assistant Professor of Nursing and Dr. W. H. Hill to be Professor of Bacteriology, Health and Nursing.

Miss Jeffares, of Duncan, is the responsible Editor for this issue,



SAANICH WAR MEMORIAL HEALTH CENTRE.

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(American Child Health Association, 370 Seventh Ave., New York, N.Y.)

CONSERVATION OF CHILDREN.

Governor Pinchot, of Pennsylvania, the great advocate of conservation, said in a May Day proclamation last year: "Children can be consumed as well as trees. No one with any sort of common sense or patriotism questions the essential wisdom of the conservation policies initiated by Theodore Roosevelt, which first were restricted to the natural resources of our country, its forests, its coal, its oil, its minerals, but which gradually have broadened. It is inconceivable, therefore, that any one will question a still higher form of conservation, the conservation of the health of our children. The babies of to-day will, in a generation, be the manhood and womanhood of America, guarding its ideals, controlling its destinies. It is a duty than which nothing can be plainer, to give at least as much thought and care to these children as we do to our natural wealth. No substitute will ever be found for healthy children."

We have come at last to that highest and most fundamental economy, the conservation of our children. Ellen Key, the great Swedish writer and philosopher, at the opening of the twentieth century christened it "the century of the child." The first quarter of this century has rounded to a close, and, pausing to reckon its achievements, nothing stands forth more conspicuously than the changes it has brought in the lives and prospects of children, the efforts which have been inaugurated looking toward the conserving of child life and happiness, the changed attitude towards the child.

In these twenty-five years we have cut the hazards of life for the newly-born child in half. Where two babies died at the beginning of the century, only one dies now.

Largely due to the increased protection of children in the early years of life, the average span of life has been lengthened by nearly ten years within the past twenty-five years.

A new protective government machinery for promoting the health of children has been set up in the Children's Bureau.

An appropriation, jointly Government and State, for the protection of maternity and infancy, created through the Sheppard-Towner Act, is a concrete acknowledgment that our children need care, study, and protection, as well as our agricultural resources.

Public Health Boards, newly roused to the need to conserve human health, are turning their attention to the group where the greatest danger and the greatest hope lie—the children.

In our schools education has expanded to include the physical needs of children as well as the mental.

It is in keeping that, at the close of this first quarter of a century, which has accomplished more to ensure the rights of children than innumerable centuries preceding it, there should be launched a festival day to celebrate all that has happened and to look forward to greater achievements. That is the significance of May Day for Child Health, a national festival of childhood.

May Day, 1926, is the third of these celebrations. Each year has marked a decided increase of momentum and each year leaves a permanent deposit of encouragement and constructive effort. This year attention is focused upon the perfect child. Every community through the country is urged to examine into the well-being of its children, to see them in comparison with perfect childhood, and to set in motion some endeavour which looks towards that goal.

These are a few facts which should arouse us to national and local efforts to conserve child-life.

Of the 1,500,000 of our population who die each year, it has been estimated that 42 per cent. die from preventable causes. This waste occasioned by this preventable loss is estimated at a billion dollars.

Forty thousand school-children die each year from causes which are preventable.

There are 400,000 cases of typhoid fever each year, 10 per cent. of which are fatal, and 75 per cent. of these cases are unnecessary.

Diphtheria, which is considered preventable and for which there has been a curative for thirty years, takes the largest toll of death among children of any of the five common communicable diseases.

Of all crippled adults, one-third receive their injuries during the first six years of life and a very large percentage are needlessly handicapped.

One hundred per cent. of all mental defectives are recognizable during the first six years of life.

Besides the clarion message, "May Day is every child's day," which was carried in parades and pageants, the May-pole programmes, through the radio, the press, proclamations of the President, and of governors and public-health officials, these are some of the unusual things which communities did last year as a result of May Day:—

Forty thousand citizens of one city waked up on May 1st to the greeting on the caps of their milk-bottles: "Good-morning; this is child-health day."

All mail from the Board of Health in one State for a month carried the slogan: "The first of May is every child's day."

Throughout one State the committees appointed for May Day resulted in small committees to form a permanent nucleus for the protection and promotion of the health of children.

Several communities in the same State set themselves upon baby hunts for the year 1925-26 to check up on its fundamental human book-keeping and to discover the needs of their babies.

Department stores in various parts of the country held baby weeks. In some stores a thousand or more babies were examined by doctors and nurses and many thousand mothers received guidance on the care of their children.

In one State a beginning was made to get local committees to present to the people of their communities an exhibit of the services which are available for the health of children in their communities, with the idea of following up through the year with a study by a careful group in each district of the health needs of the children within their district.

Another State started on a campaign to make every day a child-health day by issuing a Child Health Club card. Any child whose parents promise to have him examined periodically and to use every effort to correct defects and bring about better health along constructive lines may become a member of the club.

In another place a Health and Happiness League was inaugurated.

In others drives were started to round up the pre-school children and see that they are a hundred per cent. fit before entering school.

May Day was, in fact, a great national rally day in this new human conservation. It will be a greater rally day this year.

Mr. Hoover has said: "Each year the results will double until it has become a national habit, an almost subconscious impulse, to remember the child wisely, constructively, from the day that parents are born until the day their children become parents; that is, always. Then no words of any one man or woman will be necessary in defence of the nation's will that its children shall be well."

KATHERINE GLOVER.

THE PUBLIC HEALTH NURSE AT KEREMEOS.

My long experience in public-health work in cities, towns, and rural sections of Ireland and British Columbia comes to my assistance in answering the following questions asked me by nurses and others in British Columbia.

In cities and large towns there are many organizations of infinite value to a Public Health Nurse in her work, and no matter how strenuous it may be, it is a sinecure compared with the duties of a rural nurse, who so often must take the initiative in many activities in her district.

All Public Health Nurses should be blessed with the three virtues, Faith, Hope, and Charity, and remember the greatest of these is Charity; but she must have Hope and she must have Faith, and she need not expect Charity. She is an outsider (I write now of the rural) whose presence may be resented, whether young or old, staid or gay, pretty or plain (we have no ugly nurses).

She is a public servant sent to that district by request of the majority of the people, but the minority (until they require her service in trouble or illness) may consider her upkeep a waste of good money.

She must remember that every move is noted and criticized either favourably or otherwise, according to the spirit of the critic.

The private-duty nurse also considers the Public Health Nurse usurps her place, forgetting that 99 per cent. of the cases would be undertaken by untrained help. The medical profession are conservative and, as at the beginning of district and other forms of nursing, were prejudiced. However, they are gradually getting to know the help a Public Health Nurse may be to the Medical Health Officer as well as to the man in general practice.

There are cases that must be transferred to hospital; still, I believe, two-thirds of the patients treated in institutions at the present time could

with the supervision of a Public Health Nurse be cared for in their own homes at a minimum of cost to patient and community.

When we realize the anguish caused by separation of families, it surely must be a detriment to the perfect peace of mind necessary to our invalid's welfare.

Our people must know and understand much more than they do of illness and its causes and prevention of complications, but are we doing our share in this? Do we consider ordinary men and women capable of nursing a serious case, such as typhoid, pneumonia, or even a minor operation? I fear we do not; but to my personal knowledge serious cases have been nursed successfully at home, with the supervision of a Public Health Nurse and the co-operation of a physician or surgeon, at about one-sixth the expense, which alone is quite a consideration to many householders at the present time. One such case will do more to gain friends for our work than "yards of speeches" and the nurse's advice and help will be sought by old and young; even the black sheep of the district will learn to respect her and to come to her for sympathy and advice.

OLIVE K. GAWLEY.

QUERIES AND ANSWERS OF A PUBLIC HEALTH NURSE.

1. What is a Public Health Nurse?—A graduate nurse, who afterwards has a special training in prevention of disease and the care of the mentally, physically, and morally ill.

2. What are her duties?—To do all in her power, by precept and example, for the good of the community in which she works, the prevention of disease, and the alleviation of suffering.

3. Is it necessary for a highly trained, competent nurse to take special training before attempting public-health work?—Yes. The hospital and private-duty nurse is trained to personally care for the patient or constantly supervise the work of probationers. The Public Health Nurse must teach untrained assistants, who may never find it necessary again to care for the sick, in order that they may for the one particular case.

4. Should a nurse on the staff understand the financing of the service?—Yes.

5. Should the nurse of higher capabilities be sent to the rural or urban districts?—The nurse with the very best training should be sent to the rural district, as in many cases medical and surgical assistance is scarce and the nurse must take responsibility, owing to lack of adequate transportation and oftentimes poor roads.

6. Why do many capable Public Health Nurses object to rural or small-town work?—Want of congenial companionship, very poor housing accommodation, with few modern conveniences to be found in the homes. Also inefficient transportation and a general prejudice among the people to any innovation that is hard to combat.

7. What is the best means of financing the service?—Provincial health tax and school tax.

8. Can a Public Health Nurse in a district prevent higher taxation, and in what way?—Yes. By prevention of epidemics; by prevention of

semi-invalids, who are so through preventable diseases; by prevention of waste in educational benefits caused by defects that may be remedied or prevented; by child-welfare or prenatal service, including the prevention of abortions, which often are the upshot of the dreaded expense of child-birth.

9. Why should a Public Health Nurse expect the highest salary in the profession? She has a wider education, more responsibilities, and more strenuous work and nerve strain than any other nursing section.

10. Why should the Christian churches take an interest in Public Health Nursing?—The greater part of the ministering of Christ was shown in helping those in trouble and distress, in healing of the sick, and the care of the children.

11. If mothers are indifferent to nurse's advice, should visits be continued in that home?—Yes, in a social way, always remembering that, no matter how hard the ground, some seeds will germinate.

OLIVE K. GAWLEY.

SCHOOL-WORK IN ARMSTRONG.

One of our greatest problems is the large number of malnourished children. Why this condition should exist in a district so far famed for its dairy and vegetable products is hard to say. Probably the long truck-drive, necessitating the children to start out at an early hour and arrive home in the early evening, has something to do with the condition.

Quite a number have had defects remedied and already show great improvement. We hope to hold a tonsil clinic in the summer and we are already planning a two-weeks' outing for those who would not otherwise get a change.

Since the New Year a hot drink, cocoa or soup, has been served to the pupils staying for lunch.

Nutrition classes have been started. In the junior rooms they are having rest, milk-drinking, and vegetable-eating competitions. Some of the teachers have devised various devices for adding zest. In one room the underweight pupils have pasteboard houses which they are shingling. Each shingle is shaped like a milk-bottle and represents a quart of milk taken. In another room a mountain-climbing expedition was started, the pupils making the climb from Danger Valley to Safety Peak. Some of the pupils have gained as much as 6 lb. in one month.

It has been harder to interest the senior pupils, but quite a marked improvement has been made since they have made graphs, on which they keep their weekly record. A prize has been offered, to be given the last of June, for the graph showing the best record and result.

In September 72 per cent. of the pupils were underweight. At the New Year this rate had decreased to 43 per cent. Although this is but a step in the right direction, there is a long road to go yet and the goal can only be reached by untiring effort and interest.

P. CHARLTON.

GREETINGS FROM PIONEER SAYWARD.

Time changes all things. It is now four years since I was appointed Health and District Nurse for Sayward, and in place of past opposition and ignorance of my work I now feel that the majority of the residents realize I can be of assistance to them and apply to me for help from time to time.

In the two schools in Sayward we have Health Chore Crusades, the children receiving marks for the "chores" attended to daily; a prize being given at the end of the term to the one receiving the largest number of marks.

Wishing my fellow-workers the best of luck in their various undertakings.

EDITH M. WALLS.

ESQUIMALT RURAL NURSING SERVICE.

Previous reports have dealt chiefly with the inauguration and aims and objects of this association, the area covered, and the difficulties met with in establishing the service, etc.

In this report I propose to deal with the growth and development particularly, though it will be necessary to go back at times and refer to early difficulties in order to show clearly the comparison between now and then.

We are still faced with the difficulty of "rendering account," although there is quite a different spirit existing now among the more intelligent people—those who are observant and who carry an open mind and are prepared to listen and learn.

To render account in public health is a difficult matter, and seeing that our capital comes from the public it is only reasonable to expect that we should be prepared to render an account of our stewardship. As far as the expenditure of the money entrusted to the officers of an association is concerned, an accurate account can be given, but the real and actual returns for the investment cannot be put down in black and white; they are only materialized in the improved health of the district in which the service operates.

Such things as the development of right habits of living, the breaking of wrong habits, and the eventual evidence of the benefits of a public-health service are of naturally slow growth. Therefore for the first two or three years after the inauguration of such a service the committee in charge have a hard road to travel, and are often faced with the question, "What are we getting for our money?"

It takes a considerable time to educate the people to the fact that a Public Health Nurse is not merely there to attend the sick—she is there to teach the people not to be sick, but to obtain health and keep it; but they do become educated in time, though much patience and perseverance is necessary for a time. Of course there will always be the few who refuse to see, but luckily they are in a comparatively small majority and merely serve as an incentive to better work as a general rule.

One notices with gratification the different outlook of the parents towards the work of the nurse. At first the natural question in reply to the information of the child that "nurse came to school to-day" was, "Why, who is sick?" But now it is, "What has the nurse been teaching you to-day?" Then take the prenatal work. How many young mothers-to-be have said to me after I have visited them and talked with them, "Why! I didn't know; I had no idea that I could do—or fail to do—so much for my baby." What a different aspect is put on the case when, instead of ignorant, if well-meaning, commiseration and "you poor thing" from sympathetic neighbours, the expectant mother receives a visit from a cheerful nurse and hears: "You glorious creature, what a wonderful thing is going to happen to you. I wonder if you realize how very important you are and what you are responsible for." And then, by carrying out the nurse's instructions, in reply to inquiries over the phone the answer is given: "A fine baby; yes, mother and child doing well." And this part of the work is fully realized by the people in the districts covered by the above service.

Then the careful watching of the care of the infants; the children of pre-school age; the school-age children and the budding youth. All this comes under the heading of "Public Health Nursing." All this?—and how much more?

In January of this year we held our sixth annual meeting and the growth and development of the service has been remarkable. The people's money has been handled economically, good service has been given, and their confidence won. In the five schools in my district the trustees and teachers give excellent co-operation. The children enjoy and take a keen interest in their health drills and exercises and my Girls' Health Clubs continue to be a great success.

This year—in May—I am co-operating with the teachers in staging a children's pageant; this will be on quite big lines and my part of it will be the health side. As many of the children of my districts as possible will take part in this pageant and the people will be given an opportunity to see the value of health-teaching.

Two dental clinics a year are held, which means an examination of the teeth of all the children in the five districts comprising the E.R. Health Centre. During the midsummer and Easter vacations all the children whose teeth need attention, if the parents are willing for the work to be done under the auspices of the service, receive expert attention. And we find that the two clinics per year are sufficient and keep the cost of administration down to a minimum. Of course, each month the nurse examines the teeth of the children at her monthly inspection, and any work necessary is done by the regular dentist at his office in town, the nurse transporting the children to and fro. Thereby the teeth are kept in condition and the foundation of good health laid.

Slowly but surely the public are being weaned from their conception of the mission of a Public Health Nurse. The mental vision (so oftentimes even pictured) of an "Angel of Ministry cooling the fevered brow of the sick" sort of person cannot continue to exist in the face of the busy, healthy-looking, health-teaching nurses out in the field in public-health

work. Instead we have the vision of a teacher teaching health exercises, toothbrush drills; teaching the value of supervised play, exercises to develop the lungs and muscles and bone of the growing child; teaching the mothers how to teach the children, and getting her reward in the demonstrated confidence of the children and parents and the evident improvement in the general health of the districts in which she works. The upkeep of a Public Health Service is really an insurance against sickness, as by the visit and a word of advice in time from a competent and qualified nurse often a serious sickness is averted, because the nurse knows and will advise the calling-in of the family doctor immediately when necessary; therefore the answer to the question, "What are we getting for our money?" is, "In so far as possible, an insurance against sickness."

My conception of an ideal health centre is somewhere where the children gather to play under proper supervision, where the mothers will come for advice, where health club meetings can be held; in fact, a training centre for health where anything even suggestive of sickness is strictly taboo. I do not think that the day is far distant when this conception of a health centre will be more or less general. For my own part, with regard to my own work, that is my aim, and I am pleased to say that I am backed by my committee.

H. KELLY.

QUALICUM AND DISTRICT.

Here we have a newly organized "public-health district." Less than a year ago several hundred people around here did not know or have any idea what a Public Health Nursing Service represented, but now everywhere one hears of our Health Nurse and daily new questions arise concerning the work.

I am very fortunate in having a strong committee who are interested in all welfare and health work, perhaps more particularly in that branch which deals with disease prevention.

Just recently there were a few cases of scarlet fever in a district not far from mine, and the watchful eye kept on the school-children of my district, as well as the visits paid to absentees, appealed to many members of the community who had up to then been indifferent.

The day's work is considerably varied in a rural district; for instance, we start out in the morning to see a delicate and sickly baby who is cared for by a young and inexperienced mother. The little mite seems to recognize the uniform and manages a sickly smile. You may be sure any instruction and advice given is very welcome here. While in that corner of the district there is a wound to be dressed. An unfortunate man has badly mangled his hand in some machinery at the mill, and as the doctor lives in a town some 30 miles distant the District Nurse has been instructed to do the dressing.

Probably we have planned to do a school examination after the last two calls, but on phoning Central find that a prospective mother requires our services at once, and so off we go in the opposite direction, thinking of the old saying, "The best-laid plans of mice and men, etc."

The quickest and best results are perhaps to be found in the schools, the gradual decrease of physical defects going far to prove the value of pre-school and school supervision.

H. MURRAY, R.N.

PUBLIC HEALTH AS A CAREER.

Choose a public-health career for two reasons only—because it attracts you and because you believe yourself fitted for it.

You have broad technical knowledge. Give others the benefit of it, but only as occasion requires.

Official representatives of the people and the people themselves may not understand public-health work, but frequently possess other knowledge which may be of service to you.

Maintain your dignity at all times, but do not stand aloof from human contact.

Make many friends, but few intimates.

Be a good listener, but not too ready a talker.

Practice public speaking. Eloquence is a rare gift, but is not essential to the command of respectful attention.

Be loyal to your associates and true to yourself.

Never permit political sympathy to influence an official act.

Be not oversuspicious of evil intent. Give every one the benefit of a doubt.

Be willing to grant favours to all those that seek them worthily, provided that it is not incompatible with the performance of your sworn duty.

Have vision, but not be visionary.

Lead the procession always, but look behind once in a while to see if you are being followed.

If you cannot obtain all your objectives, take what you can get, and try again.

Know when you are beaten, and take your defeat gracefully.

Be willing to compromise in order to reach an objective, but never with your conscience.

Frankly acknowledge a mistake, but do not make it a second time.—From the “New York State Bulletin.”

PROBLEM OF MOUTH HEALTH AMONG CHILDREN IN RURAL DISTRICTS OF BRITISH COLUMBIA IN RELATION TO THE PUBLIC HEALTH NURSES.

The pain and trouble, the lost time in the school-room, the impaired digestion and general irritability of the child with toothache is obvious to you all. The after-effects evidenced in crooked and ineffective teeth, in rheumatism, in heart-troubles, in dental bills for restorative operations, and general susceptibility to infectious diseases are being generally recognized.

The answer is *prevention*.

Get these children to the dentist as soon as possible. As a rule, if the child has toothache the mischief is already done, there. Prevent the trouble. Stop it before it starts. Carry this message, personally wherever possible—congratulating the child that evidences a well-kept mouth and kindly admonishing the many who require it. Your words and your occasional visits are much more momentous things to the little child than you dream.

Instruct and encourage the parents; giving information about the sixth-year molars, the loss of which is so general and such an appalling matter. Show them the importance of continually keeping after their little ones to brush their teeth with some intelligent thought; appeal to that universal desire in parents that their children have opportunities superior to their own, and urge that existing faults be remedied by the dentist at the earliest opportunity.

The teacher's influence in the school is probably greater than any other outside the home, and fortunate indeed are those children who have an æsthetic example given them there. Stand back of the teachers with health talks, distribution of health cards, samples of dentifrices, etc., at the psychological moment, and through them act and talk always as though the dental clinic and the dentist's services are happy and most desirable privileges.

Prevent mouth-troubles by urging cleanliness and having the mouth-tissues in such shape that vigorous use can restore tone and comfort and health.

At the present time we believe that the entrance to our bodies is best cleansed by the use of a toothbrush; what is used upon the brush is of less importance, although a dentifrice makes the toilet a more pleasant task. One can brush the teeth a great deal without cleansing them. Watch this and see that the brush is intelligently used. Use lots of water, rinsing and regurgitating this back and forth till all signs of dentifrice or food debris disappears. The important time to do this is previous to retiring at night, but urge that it be done after meals or whenever the children realize that the mouth feels unclean. Appeal to them to have the inside of their face as clean as the outside, or that their teeth be cleansed as often as the dishes and other utensils connected with meals. Children get this idea, I find. The point is, *Repeat it*; stick to the repetition; don't be discouraged; by so doing you prevent these troubles before they start.

But, if they have started, perhaps these hints will be of benefit as a matter of emergency relief: Tincture of iodine used as a counter-irritant on the gum adjacent to the aching tooth will help. Dry the gum a little and wrap a wisp of cotton around a toothpick to make the application.

On a tooth which cold affects, and possibly aching after eating, where the trouble seems to be from a living nerve-pulp—clean the cavity of debris, if possible; apply a little ball of cotton about the size of a pin-head, dipped in oil of cloves, and cover with a larger piece of cotton.

Where the face is swollen, aching perhaps at night and upon lying down, with hot drinks, etc., hurting, use beechwood creosote, as before, on cotton.

When in doubt use creosote.

Don't apply heat to the face; no hot-salt bags or hot-water bottles. If you must use heat, give a hot foot-bath—that will help. Do this and give aspirin in small doses if the person is in agony. And don't forget a good cathartic, one that will make a watery stool; not a lubricant like oils, but Glauber salts, Epsom salts, fruit salts, etc., given in medium doses, but over a longer period than you think necessary. Have the patient drink much water.

But the best way to cure toothache is to prevent it before it starts—get that point over and the problem of mouth health among all mankind is well faced indeed.

NORMAN R. CARTER, D.D.S.

PUBLIC HEALTH NURSING IN LADYSMITH.

Ladysmith being a mining town, practically all the men are employed in the mines and a deduction is made from their salary to take care of the hospital and medical treatment.

Apparently this is the reason a great many are opposed to the idea of a Public Health Nurse for the town. The nurse, however, is gradually being appreciated, especially in the control of infectious diseases. The children being inspected monthly, any case of suspect infection is reported at once to the doctor and the child excluded.

Much pleasure is derived from home-visiting, as this gives the parents an opportunity of asking for advice and discussing the minor defects of any other members of the family.

The majority of the children are showing an increased interest in their personal appearance by keeping their teeth clean and by living up to the Health Rules. This is perhaps more noticeable in the rural schools, where children of all ages are in the same class-room.

S. A. HEWERTSON, R.N.

KAMLOOPS.

The pleasant first impression one receives of this little town is a lasting one, and especially is this so in fall, when the homes are covered with crimson Virginia creeper and lawns and boulevards are still fresh and green owing to an excellent irrigation system, whilst the background of brown foot-hills covered with sage-brush helps to enhance the vivid colourings of flowers and lawns.

The Medical Officer of Health is also school doctor and I had already met him, but to become still better acquainted with the work in the city I visited all the doctors, six in number.

They were exceedingly friendly and offered their services whenever necessary, but also informed me there would be no bedside nursing re-

quired, adding I would find plenty of other work to do, especially in the schools.

Why no bedside nursing? The reason was not far to seek. This is a railway town and has an excellent hospital with a training-school. The doctors look after the employees and their families under a special agreement with the railway companies, and under the same agreement the employees have a certain amount of hospital facilities free.

With a population of about 5,000 one naturally would not expect a large school enrolment, but in the public schools there are 1,000 children, whilst a number of children attend the Convent and private school.

I soon found there was much to be done along health lines in the schools, and as the classes are somewhat divided up owing to lack of accommodation, one school having classes in three buildings in different parts of the town, it meant much walking and dividing-up of time when making out a time-table.

Teachers and children take a great interest in their health-work, with the usual few to make the exception, but a more congenial and co-operative group would be difficult to find.

The same may be said of the parents, perhaps the enthusiasm of the children helping to some extent, for the home-visiting is one of my pleasantest duties.

The girls in one class have for two months in succession gained 100 per cent. for having all physical defects attended to, their record for cleanliness also being 100 per cent., whilst the boys gained 98 to 99 per cent.; those who had brought down the record were turned over to the others to see what could be done with them during the ensuing month. Of course life would be too easy if all classes were equal to this one.

A little girl who is especially neat and clean one day informed her mother that she was going to take a holiday from the cleaning business. Her mother was rather astonished and asked the reason. Well, the nurse would not be in their room for a day or two as she had counted the rooms so she was going to have a rest. Her mother cautioned her and explained that it wasn't specially for the nurse that she formed health habits; but no, off she went. On her return that afternoon she was rather crestfallen. Having forgotten the morning incident, her mother was much surprised, on inquiring what was wrong, when the little one answered: "Mother, you are disgraced for life and I'm disgraced for life, for the nurse did come to our room and brought the doctor with her and he just pointed at my finger-nails."

A very pleasing feature of the work is the well-baby clinic, which is held under the auspices of the Red Cross Association. The mothers appear to enjoy coming and meeting each other and comparing notes about their babies, and I believe more than one good friendship has resulted.

I also find this a good opportunity for having little chats with the mothers about some of their children who are not of school age.

The Kamloops Junior Brotherhood does much to develop the sports side of the children's lives, emphasizing that sport must at all times be clean throughout and their record as basket-ball players shows the effect it has had upon them.

Almost every one in the town belongs to a society or lodge and much good work is done by the members of these various associations, but I feel sure that if a Parent-Teachers' Association or Women's Institute were formed much could be done in getting school and playground equipment that would be of great value to the children.

Meanwhile Kamloops, with its clear air and bright sunshine, remains a very delightful place to live in.

J. CAMPBELL, R.N.

DENTAL CLINIC FOR RURAL SCHOOLS OF ARROW LAKES DISTRICT.

During the past summer (1925), thanks to the Provincial Board of Health, a dental clinic was made available to the children in this area.

There are sixteen schools, with from eight to twenty pupils in each, distributed along a lake of about 120 miles.

In June a preliminary survey was undertaken, estimates made, and examination cards sent to parents, who were asked to pay one-third of the expense involved in doing the required dentistry for their children.

In September and October the dentist visited each point by launch, staying the period required to complete the work for those desiring it; setting up his equipment in the nearest available point to the school—sometimes in the living-room of a ranch-house or a summer-home verandah, the meeting-hall of the Women's Institute at one place, and once in what had been the bar-room of a country hotel.

The children were excused by the teacher in couples as a rule; the pupil with work completed sending back another on his return to the school-room. In this manner we disturbed the classes as little as possible.

When the work of each school was completed the dentist distributed literature and addressed the school on mouth health and care of the teeth. On account of his personal contact with each individual present, this was an ideal occasion and the message was put over in a very intimate and effective manner. Hardly any of these children had ever been attended by a dentist previously. As a rule they came to us absolutely unafraid, and despite the fact that often their work was of a most exacting nature we had no undue trouble with any of them. We found it best to take first the youngest pupils in a group, doing deciduous extractions and prophylaxis for them, calling the older pupils later, rather than the reverse order. When the babies seemed to not mind it all, the older ones were less apprehensive.

At some points the dentist was received by a committee and treated like a hero; at others he would waste hours getting some one with a "go-devil" to transfer his baggage. At some points the whole populace seemed enthused; at others perhaps only the teacher or a single member of the School Board were "leaven to the whole lump."

In two schools not a single card was signed by the parents; in nine schools all cards were signed; in eleven schools all scholars availed themselves of the privilege and all work was completed.

Not 10 per cent. of these children had ever seen a dentist before, yet we found a half dozen perfect mouths among them. To offset this, however, there were about a dozen children from 12 to 15 years of age whose mouths were absolutely ruined, these requiring often more attention than all the rest of the school together. We regret to say that it was this class of scholar (those who needed it most) who too often avoided the clinic.

However, outside of the direct benefit to the children, the dental clinic has awakened a real interest in mouth hygiene. Often where only a small per cent. of the parents signed cards, when the clinic actually presented itself every one in the school came in as the work progressed. Inquiries concerning another such opportunity are constantly coming in. May good fortune attend this pioneer work.

NORMAN R. CARTER, D.D.S.

SCHOOL NURSING IN A MINING TOWN

Fernie is a mining town with a population of about 5,000, situated in a valley along the south-eastern borders of British Columbia. My first impression on arrival was one of absolute isolation, which feeling, however, gradually disappeared as I found the people, though about one-half foreign-born, were both hospitable and interesting.

In Fernie we have 1,000 school-children, attending one large grade and high school and two primary schools at separate ends of the town. At the first meeting of the School Board I attended it was suggested, among several other matters, that perhaps it would not be wise for me to approach the parents on the subject of malnutrition. As there were a large number of underweights among the children, I felt something should be done until such time as it would be advisable for me to do so, and the following plan was decided upon:—

After each monthly inspection I now divide the class into three groups (when necessary); all of average weight and over receive *white* tags, those from 1 to 7 per cent. underweight receive *blue* tags, and those over 7 per cent. underweight receive *red* tags. I explain to the children in the class-room what the different colours mean and have them repeat the following:—

Cards of *white* all right,
Cards of *blue* won't do,
Cards of *red*, danger ahead.

I then urge them to see how quickly they can all receive white cards and so compete with the other rooms in the school.

A Health Fairy's House.—In the junior rooms I have found that the making of the Health Fairy's House is of assistance. It is made from a sketch of a house built of bricks, with shingled roof and fancy windows. The children are told the story of how the Fairy becomes beautiful by keeping all the health rules, until the wicked witch "Ignorance" visits Fairyland and burns the Fairy's house down. The Fairy's friend Happy, the Health Clown, comes to the Fairy's assistance and together they plan how the Fairy's house can be rebuilt, stronger and prettier than ever,

with the assistance of all the boys and girls in the schools keeping their health rules. For keeping one rule a shingle is coloured on the roof of the house, and for another a brick is coloured, and for still another a coloured glass is put in the window.

We began in Fernie with one Fairy's Health House in a primary room and now have seven. The teachers have been very much interested and demonstrate this by inquiring each day how many have kept the Health Rules the day before.

JEAN A. DUNBAR.

THE PUBLIC HEALTH NURSE AT THE FALL FAIR, KELOWNA.

My "corner" at the Exhibition was as much a success this year as formerly. The comments were different, but still complimentary. I had three different illustrated "Health Talks," "A Trip to Healthland," "The Story of the Fly," and a "Comparison of Two Homes." To illustrate the latter, the boys of the Manual Training School made two houses, one neat and clean and the other in a state of dirt and disorder. A large placard was attached to these, asking "Which is your Home?"

The material used to illustrate the "Fly Story" cost me little in actual money, but a lot of thought and work. I had six large flies made of wax and dyed some excelsior brown to look like manure. I placed a fly in front of a manure-pile with a notice, "She has laid 100 eggs here." Next I displayed maggots (made of white birthday candles) beside a small manure-pile, together with some cocoons (brown jelly-bean candies). Then some large flies, and a plate of food with a fly on it, a garbage-tin (a baking-powder can) with garbage slopping over the top and the lid half on with a fly on the edge. The last illustration of all and one that attracted much attention was that of a doll in bed, representing a sick person with a fly in the room.

The "Trip to Healthland" was much harder to handle, but the cost was small and it made a pretty and interesting display. For grass I dyed excelsior green.

M. R. McCLUNG.

FALL FAIR EXHIBITS

The Cowichan *Leader's* report of the Cowichan Fall Fair held at Duncan, September 19th and 20th, 1925, included the following:—

"*Health Centre Work.*—In the hall was placed a neat exhibit arranged by the Health Centre nurses, Miss I. M. Jeffares and Miss E. S. Naden.

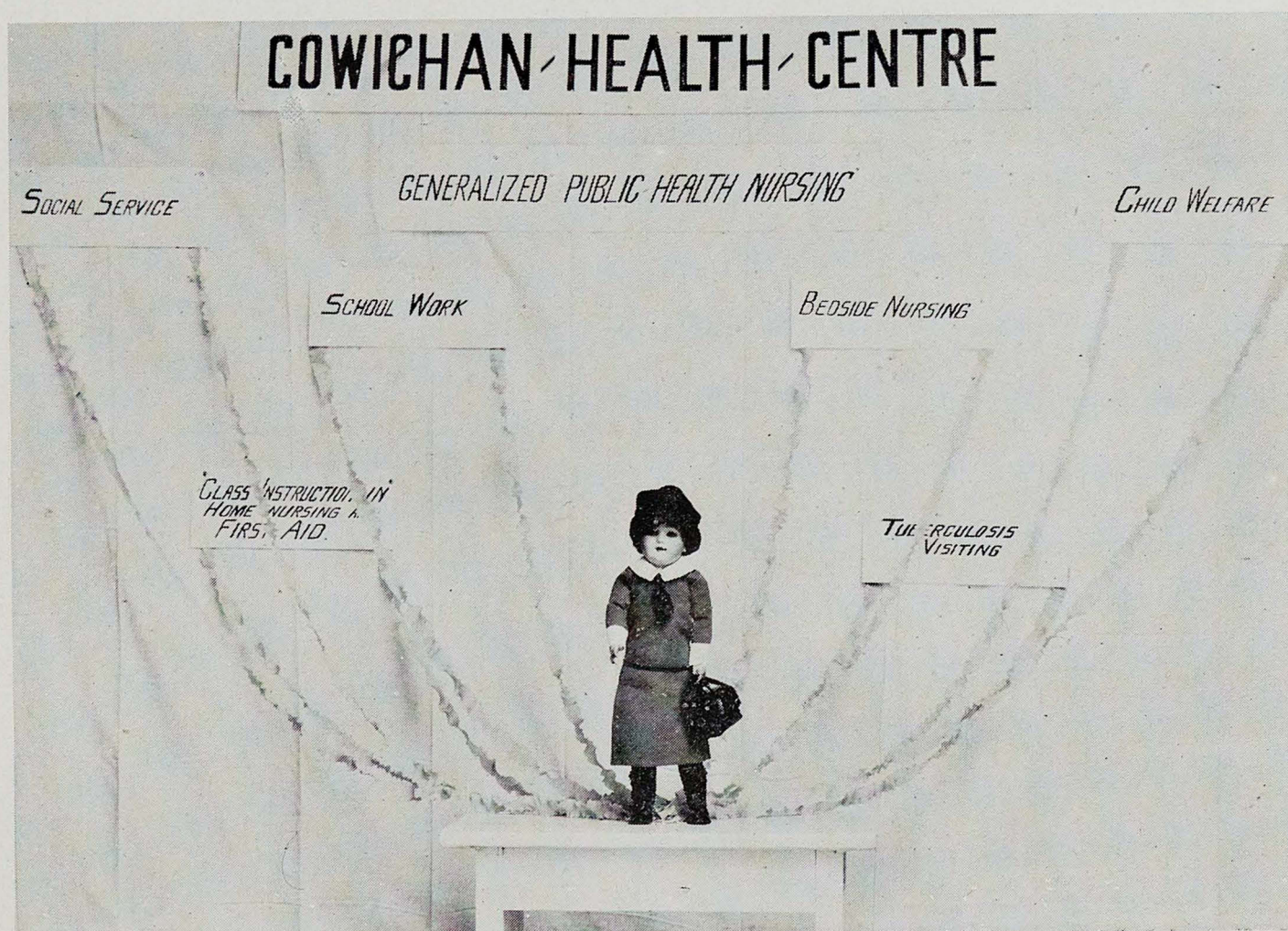
"While simple in design, it presented a clear conception of the wide scope of Health Centre work and was intended to correct the idea in the minds of not a few people that the work of the centre is confined to school nursing or some other limited branch of effort.

"A placard, 'Generalized Public Health Nursing,' defined in one caption the mission of the organization. In amplification the figure of a

diminutive nurse was placed upon a table and from this ran tiny blue streamers to various points on the background, where other placards set forth the various phases of Health Centre activities: School-work, class instruction in first aid and home nursing, social service visiting, tuberculosis visiting, bedside nursing, and child-welfare.

“Posters and health-books entered by contestants in the competition for rural school children in the district conducted some time ago by the Health Centre were also displayed, while literature on various topics was on hand for distribution.”

The above excerpt from the *Leader* and the accompanying picture will give any one interested an idea of the exhibit displayed by the Cowichan



A SECTION OF THE HEALTH CENTRE EXHIBIT AT THE COWICHAN FALL FAIR, DUNCAN, V.I.

Health Centre at both Cobble Hill and Cowichan Fall Fairs. When we were first asked to prepare an exhibit for these fairs it seemed impossible, as our funds for such a purpose are almost *nil*. However, after some consideration, we decided to exhibit the posters and books sent in by the boys and girls of the rural schools in the “Good Health Competition” held last term. We accordingly prepared a sign, “Good Health Competition,” and under this grouped the posters and health-books. As the majority of the poster prizes had been won by Cobble Hill boys and girls, we arranged one complete section of the exhibit at that particular fair with their work only, placing in the centre a sign reading, “The work in this section was done by the boys and girls of Cobble Hill.” This special

attention and display greatly pleased the children as well as the parents of the district.

At both fairs we were congratulated on our exhibit and have the satisfaction of knowing that very few attended without paying a visit to the Health Centre exhibit, many being sufficiently interested to return bringing their friends.

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THE Public Health Nurses' movement in British Columbia bears out the saying "Nothing succeeds so well as success." At the end of four years' experience many mistakes can be seen by retrospection, but one outstanding feature of the system is its success, as evidenced by the adoption of the policy in so many districts of the Province.

That success has been dependent upon three factors—the trained nurses, the interested public, and the Provincial Board of Health. Without the help of any one of these three factors failure is almost certain.

Naturally the system centres around the nurses engaged in the work. The value of the services of each nurse depends primarily upon her fitness, physically, mentally, and by training. Having these considerations in mind, it can be seen that only by experience can it be determined whether a nurse is suitable for the work.

Every new recruit must commence work somewhere, just as school-teachers have to do. The public can assist in making a success or a failure of a nurse in her first field. Sympathy and co-operation may accomplish the former, whilst only a strong character can withstand unwarranted criticism and opposition.

From a disinterested view-point the Provincial Board of Health can sense where a nurse has been remiss in her duty. It can also see from reports or representations where she has not been accorded full support by the voluntary organizations with which she has to co-operate in her work.

Under such circumstances a change may be beneficial both to the nurse and the district without any reflection being cast on either party to the nursing contract. Sometimes it is felt when a change is made that the nurse has not been a "success," but in reality the district may have lacked that quality which it later acquires through experience, just as the nurse gains her experience.

The existence of a Public Health Nursing system is an acknowledgment, however imperfect it may be, that health of the general public is a concern of the community as well as of the individual whose economic value is impaired by physical defect or organic disorder.

The papers we publish in this number are of exceptional interest, and on perusal the nurses, more than any one else, will be conscious of the greater interest that is being shown by themselves in the discharge of their duties

The Provincial Board of Health believes that the BULLETIN as a barometer indicates fair weather and substantial progress for the future. Miss Jeffares, of Duncan, has again and very acceptably acted as Editor.

THE UNIVERSITY OF BRITISH COLUMBIA,
VANCOUVER, B.C.

DEPARTMENT OF NURSING AND HEALTH,
April 2nd, 1927.

Dr. H. E. Young,
Provincial Health Officer,
Provincial Board of Health, Victoria, B.C.

DEAR DR. YOUNG,—I wish to thank you for giving me the opportunity of contributing a short article to the PUBLIC HEALTH NURSES' BULLETIN. While no special subject for an article has presented itself to me, I do wish to express an appreciation of the splendid work which is being done by the members of the Provincial Board of Health Nursing Staff and of the far-reaching aims of the Provincial Board of Health itself.

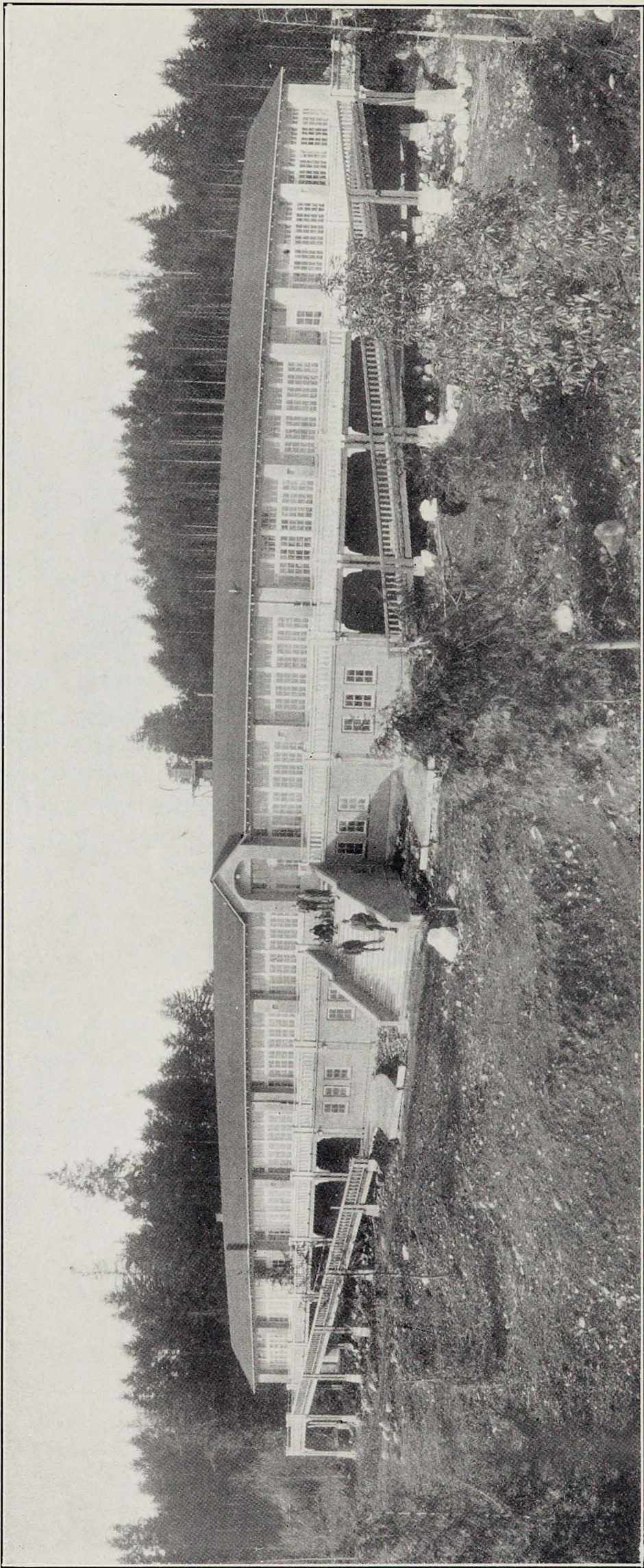
While the programme of governmental Boards of Health may be primarily educational, yet as education begins at birth—and, we may well add, before birth—any effective health programme must commence with the care of the mother during the term of pregnancy and must include, or see that provision is made for, adequate care at childbirth. That such a complete programme may be carried out in every rural district in British Columbia is, I know, your aim. I know, too, that I am expressing the opinion of the Canadian Nursing Association when I state that the most highly skilled nurses will always be found ready to assist in carrying out such a programme. The aim of the nursing profession is to provide skilled nursing service for all who are sick, and we realize that it is only by such organization as that of the Provincial Board of Health that this service can be made available in rural districts. Canadian nurses are proud of the development in rural public health service, and appreciative of the opportunity given us to carry out the objects for which our profession exists.

Yours very sincerely,

MABEL F. GRAY,
Assistant Professor of Nursing.

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QUEEN ALEXANDRA SOLARIUM, MALAHAT BEACH, VANCOUVER ISLAND, B.C.

QUEEN ALEXANDRA SOLARIUM FOR CRIPPLED CHILDREN.

For two years the residents of the Cowichan Health Centre District have heard a great deal about a Solarium for crippled children and the healing-power of the sun, especially when combined with sea-breezes. Even before it was known that the Solarium was to be built at Mill Bay, which is part of our district, funds were being raised by individuals, and practically every organization in the district has contributed to its support. When it was decided to erect the Solarium at Mill Bay we appreciated the fact that we were in a position to see a practical demonstration of what can be done for the little cripples of British Columbia.

A very beautiful site was chosen for the Solarium; built on a slope, it commands a most wonderful view of Saanich Inlet, the well-timbered shores blending in with the deep blue of the sea. The building itself is long and curved, so that as long as the sun shines its rays will find their way on to the wide verandah, which runs the length of the building, and into the long ward just off the verandah. From a nurse's critical standpoint the bath-rooms and wash-up rooms are a joy to behold. The baths are low so that the older children, crippled though they may be, will have no difficulty in stepping into them. Over the basins there are small cupboards with compartments, one for each, marked with his name, so there will be no danger of tiny toothbrushes, wash-cloths, etc., being left around or mixed up.

The children's combined play and school room, with its low fireplace and many windows, is a cosy, comfortable room. Already there is a good-sized library of children's books, and toys may be seen scattered about, calling attention to the fact that while these little ones may be handicapped physically, their mental development is normal. Should any pessimist wonder whether the money spent on building and equipping the Solarium is justified, I should suggest that he take a peep into this room, listen to the happy voices of the children, notice the healing rays of the sun pouring in, and remember that ills of the body heal most readily when the patient is happy and contented, and I am sure he will wonder no more.

There were nineteen children in the Solarium the day I visited it, two weeks after it was opened. Many were bed patients, school was in session for those able to attend, and those of school age confined to their beds were busy, in as easy a position as was permitted, on their lessons under the supervision of the teacher appointed to the staff. These children came from all parts of British Columbia, some very badly crippled, others to the unobservant eye not crippled at all, but in reality badly handicapped physically and needing the healing rays of old Sol.

ISABELLE M. JEFFARES, R.N.

We are reproducing photographs of the Solarium in this issue.

ESQUIMALT RURAL NURSING SERVICE—REPORT OF PROGRESS.

The above service celebrated its seventh birthday anniversary at its last annual meeting. It was inaugurated in the first place through the machinery of the Women's Institutes, supported by a few progressive residents, and to-day the Association stands—a welcome establishment in the district, supported by five school districts in voluntary taxation.

The service is an example of what can be accomplished by patience and perseverance by a small body of people striving to reach a worthy objective, to help in a worthy cause, and staying with it. And there is no worthier cause under the sun than the health of the people of a community.

One has only to read the reports of the Provincial Board of Health, and note therein the reports of the School Medical Inspectors for the past few years, to realize the value of a Public Health Service to the community. In the last Provincial Report it was gratifying to note that in all of the five schools comprising this health district not one child was found suffering from malnutrition, which was decidedly not the case a few years ago. Despite the fact that odd cases of measles, scarlet fever, and chicken-pox have been found at various times throughout the district, there has been nothing in the nature of an epidemic in the health district since 1921.

This conclusive evidence of the value of follow-up work, which permits of isolation of cases immediately and prevents the spread of disease, the realization of the value of education along health lines and the resultant improved health and vigour of the children, and the general value of expert advice to parents has resulted in the service, from being looked upon as an interloper and an unnecessary expense, through the period of acceptance of a necessary evil—sometimes grudgingly accepted—to becoming a service of which the district is proud. This is evidenced by the type of men and women who constitute its Board of Council and officers, all of whom are keenly interested in the work and whose motto is “Progress.”

It is with much pleasure that I write of the splendid support given me by the Women's Institutes in the district, the Farmers' Institute, and the Boards of School Trustees. All these organizations are represented on the Council of the Association, thereby keeping them all intimately in touch with the work and bringing personal interest in the progress. The support I now receive and the welcome with which suggestions for improvement are received by the Boards of Trustees, which differ so greatly now from when the service was first organized, is worthy of comment. Before the health district was defined as it is to-day, the first nurse sent out here, in company with one of the officers of the Association, made a round of visits to the schools, seven in all. In one school the nurse was horrified to find on a small bench in the cloak-room a little old bucket containing a small amount of dirty soapy water, evidently used by all the children in which to wash their hands. This was reported to the Board of Trustees and the request made by the Association that

the bucket be destroyed and clean bowls and paper towels procured. The Chairman of the Board, an old-timer, with a family nearing middle age themselves, was very indignant. "I'll have you know," said he, "that my boys washed their hands in that bucket, and what was good enough for my boys is good enough for the others." Luckily, however, younger and more progressive men were on this particular Board also, and the old bucket was discarded.

Our child-welfare work starts with prenatal advice and carries on through pre-school years from baby-welfare and on through school-life. But it doesn't stop there, for we have organized health clubs and young people's clubs to carry on the good work. Then, through the co-operation of the Women's Institute, one and all who make me their child-welfare convener, I am able to give health talks to the mothers, and by my home visits I am able to include all ages.

The dental work of this Association is no longer confined to two clinics a year. It is continuous. We have a perfectly satisfactory arrangement with the clinic dentist, whose offices are in Victoria, to take children in any Saturday morning for treatment or attention. This does not interfere with school-work, though the clinic-work is not confined to school-children only. The clinic-work commences as soon as the teeth begin to appear.

At the last two fall fairs held in the district space has been granted to the Association and a large tent erected by the committee of the Farmers' Institute, under whose auspices the fairs have been held. This tent I had tastefully decorated and had rest-chairs put in for the use of mothers with young children and older women who require rest. This rest-tent proved a real boon to those for whom it was intended.

What I consider a very important step in the progress of the work is the adoption by the Council of May 2nd as Child Health Day. On May 2nd of this year the Association will celebrate its first annual Child Health Day in the form of a pageant, with health parade, etc., in which all the children in the five districts concerned will take part. In this we are confident of the support and help of the Women's Institutes in the district, the School Boards and teachers, and other organizations in the districts. It is planned to hold a baby clinic in connection with this event and a review of the progress of health of the school-children. In the evening we hope, with the assistance of the Provincial Health Department, to hold a meeting for adults and young people, at which illustrated addresses on prevention of sickness and disease will be given.

HELEN KELLY, R.N.,
Colwood.

LITTLE MOTHERS' LEAGUE CLASSES AS CONDUCTED IN SAANICH OVER A PERIOD OF FIVE YEARS.

"God took the blush of the morning
And the sheen of an Orient pearl;
He caught the coo of the homing dove
And the white of a lily's curl.
Then he took the blue of the iris
And the scent of a virgin's hair,
And cuddled them all in His great white hand—
Lo! a baby nestled there."

Are Little Mothers' League classes necessary as part of a school-health programme? We cannot doubt it since we believe that school-days are among the most impressionable days of our life, and as, moreover, a public-health programme is determined by considering its bearing upon the general welfare of the race as a whole, and this we decide by the scientific study of the mortality rates and resulting economic loss to a country.



EXAMINATION DAY, LITTLE MOTHERS' LEAGUE, MCKENZIE AVENUE SCHOOL,
SAANICH, 1922.

In a study of the vital statistics from year to year, taking any country in the world where statistics are well kept, we always find a too high infant-mortality rate. The last available statistics for Canada, 1925, gives one to think. We lost through death at childbirth no fewer than 1,196 mothers. This death-rate yearly seems to show an actual increase. Still-births accounted for the loss of 8,043 infants. While even with the present reduction in infant mortality, Canada lost 22,310 infants, exclusive of still-births, under 1 year of age. Total losses of infant-life, therefore, amounted to 30,353 babies in 1925. It would be interesting to know how many of these deaths, both maternal and infant, are due to lack of proper prenatal care and advice. We know that this condition can be remedied. A considerable part of the efforts towards improving

the public health through infant-welfare activities is wasted, because we begin to care for our babies from ten to twenty-five years too late. The proper and most efficient place to begin this care is in the public and private schools, when the potential mothers are elementary-school pupils. As Public Health Nurses, with the inestimable privilege of entering schools and working for and amongst the future citizens, we have an outstanding opportunity of helping conserve the infant-life of our country through the medium of the Little Mothers' League classes; the school is the proper place, the Public Health Nurse the logical teacher.

These classes should be organized in all schools where possible for the purpose of instructing the girls from about the seventh grade (as many leave before the eighth grade), and beyond, how to care for babies. In many sections of our communities this is particularly necessary because older girls are largely responsible for the feeding and care of younger brothers and sisters.

In looking back over a period of five years in Saanich, we find that about 350 of these Little Mothers' League classes have been conducted; seventh and eighth grade girls in a joint class, girls of high-school age separately.

This course of instruction covers a period of from ten to twelve weeks, with examination, which includes a written essay. Only one week's interval is allowed between each lesson, including the examination week. Badges and certificates are issued by the Department of Health. We usually invite some prominent person to make presentation of prizes, certificates, etc., at one of the school concerts.

The course covers such things as proper feeding, bathing, clothing—including kind and quality of material and making of layettes—the proper kind of bed, the making of the bed, guarding the baby's sleep, with demonstration and practice with necessary articles and a life-sized baby doll.

Details are given on the hygiene of the home, such as ventilation, lighting, and heating, the necessity of fresh air and how it may be obtained in all seasons, guarding the baby from mosquitoes, flies, and other insects.

The general care of the baby itself is included, not only his physical care as we ordinarily understand it, but instruction as to how to avoid the formation of bad habits, and particularly concerning the necessity of protecting the baby from communicable diseases.

There is no difficulty in securing the attention of the class from the first moment; the presence of the baby doll, clothing, bath-tub, etc., makes this course one of fascinating activity. In every class period much more time is devoted to the demonstration and practice than to the lecture.

What about results in Saanich? Are they satisfactory? Have they come up to our expectations? Yes, we have had some results which we hoped for and expected, and others which were quite unlooked for, but very wholesome for us as amateur teachers. The girls reproduce our teaching, especially in their papers, with an almost startling exactness,

and incidentally give us a sharp lesson in accuracy. So receptive are they indeed that at times when I have been correcting their essays and find myself repeated in different ways, I am humbly thankful that none but the eyes of a friendly colleague will scan those papers.

Some of the good results may be summed up thus: A Little Mother of one of the first classes held in Saanich has just graduated with honours from St. Joseph's Hospital, having been inspired by the nurse and the love of her work in the class periods. We know of other girls in Saanich who are entering the hospitals for training as a direct result of their experience in the Little Mothers' League. One of our girls enters the Jubilee Hospital in September, just waiting until she reaches the age standard.

Others we find who have left school are much sought after by young and other mothers who are desirous of being shown the correct way to bathe and dress the baby. In her essay one Little Mother, age 11 years, writes the following: "The most important factor in the life of the baby is its food." She has the whole story there. Even these results justify our belief in the importance of this training for our girls.

Some of the essays are quite funny, of course, thus: One Little Mother in describing the bathing of the baby proceeds to tell us, "You then take the baby '*by*' the neck." Still another tells us after bathing and drying the baby that "You must be careful not to put too much powder in the '*cracks*.'" But they are all impressed with the mighty importance of proper and regular breast-fed babies.

During the past three years it has been my privilege to examine Little Mothers in Victoria, Ladysmith, and Qualicum. These classes are also being conducted by our nurses in Nanaimo and Fernie.

A new outline for the Little Mothers' League classes has just been prepared in the hope that it may be of some assistance to those nurses who desire to organize the classes. We recommend the outline to your notice with much diffidence and invite your free criticism of it, assuring you that any suggestion you may put forward for its improvement will be much appreciated.

C. A. LUCAS, R.N.

The following essay will show the results of the teaching as conducted in the Little Mothers' League classes. The writer is a girl of 12 and the essay is her interpretation of the lessons received from the Public Health Nurse. Health habits have been implanted in this child. Is it not worth while?

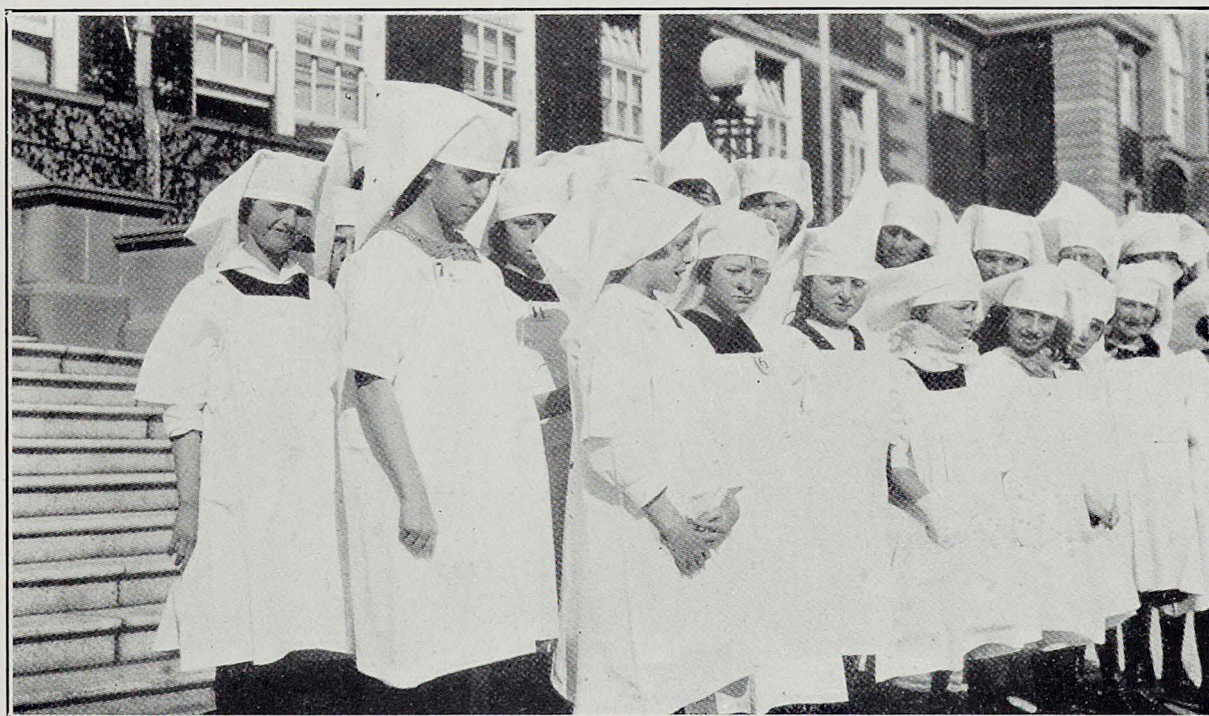
THE NURSERY.

A baby's nursery should be perfectly clean and should not face the back yard. The windows should face the south because the sunlight then is plentiful. The reason why it should not face the back yard is because the windows attract the flies, and if the windows are kept shut the flies crawl along the windows and make them filthy and dirty. Then if the windows are kept open the flies will come in and bother the baby.

The average temperature of the nursery should be 65 degrees and 60 degrees at least. It should not exceed 65 degrees because when a baby is taken into the outside air after been in a warm room he will catch cold.

The room should be properly ventilated and the windows should be opened every day. In the winter it is very hard to keep the windows open and prevent the baby from getting a cold. A good plan is to keep the window as wide open as possible through the day while the baby is in another room and to put the windows down about two hours before putting him to bed so that the room would warm up and then when the baby is in bed, raise it up slightly. Another way is to put the window up with a wide board. Then at the top of the window there will be an open space.

The baby's bed should be only for himself because the older person sleeping with him may roll over him, when the older person is turning



EXAMINATION DAY, LITTLE MOTHERS' LEAGUE, MODEL SCHOOL,
SAANICH, 1926.

over it seems to fan the blankets and will give a draft and the baby will want to be fed too often.

The baby should be fed from the mother's breast. God meant that the baby should be under the mother's food and the cow's milk is the calf's food. If the baby is fed by cow's milk the mother should be under the directions of a physician. The mother's milk takes no time to prepare and does not keep the mother too busy as it does when it is bottle fed. Bottle fed babies require about five bottles and nipples and washing them all through the day makes more work for the mother or nurse. It can be easily seen that breast babies are not as cranky as bottle fed babies, that is if the mother has nothing wrong with her.

VIOLLETE NORMAN, Age 12 years.
Ladysmith.

LADYSMITH.

It is just over two years since Public Health Nursing started in Ladysmith and the work is gradually increasing.

The chief problem is having no Health Committee. I am hoping to form one and get them interested in child-welfare and pre-school children; as there is not much district nursing, only amongst the trades people. But up to the present date I have been unfortunate, though still hoping they will eventually see the necessity of one.

Health education in the schools has improved the general condition of the children. Some of the parents have told me of their children refusing to eat fried meats and canned foods because nurse said, "It was bad for them."

In the rural schools, where all the water has to be carried from a well, I found the children were using one common drinking-cup which they put into the pail, and one roller towel for the whole school. I explained to them how disease was spread and what they could do to prevent it, with the result that now the majority of the children have their own small towels and unbreakable cups.

The teachers are showing an interest in the work by giving the children health posters to make during their drawing lesson. The drawing may not be perfect, but the idea is there, which is the most important.

In the primary-rooms the children are learning to read from the health verses. This is a great help and doubly impresses them in the correct habits and principles of living.

S. HEWERTSON, R.N.

HEALTH-TEACHING IN ARMSTRONG CONSOLIDATED SCHOOL.

It is sometimes difficult to make health an interesting and vital subject. In the primary grades it is comparatively easy, as the wee tots are always keen and interested in anything new. Health is taught mostly by simple projects, stories, and health songs.

Four of the junior grades have produced health plays, which they give at various times to the other grades and on special occasions. They have all had competitions in sleep, cleanliness, drinking milk, and other health rules. It seems to be better to take these separately and not too long at a time, as the children soon tire and lose interest.

The pupils of one of the grades are keeping health-books in which they record their monthly weight, the health rules done, and a summary of their health talks.

Grade V. has made a health-house. The foundation is beans, the walls are stuccoed with oatmeal, and the roof is shredded wheat, topped by a milk-bottle chimney. The boys made the furniture in their manual-training class.

In the senior grades we have had monthly essays on a health topic. Some of the periods have been taken up by four-minute talks by the pupils, followed by a discussion. First-aid instruction is being given and we plan to have competitions in practical work by different teams.

The senior girls have had a course in home-nursing and care of the baby. They made the layette in their home-economics class.

All the grades with exception of Grade I. have had tests periodically, their marks being recorded in their reports. This seems to make the children realize that health is as important as any other subject.

P. CHARLTON.

PUBLIC-HEALTH WORK ON THE KOOTENAY LAKE.

September last the public-health work was reorganized on the Kootenay Lake. There are nine districts and schools to be visited; Procter being the headquarters of the nurse in charge. Here I have a comfortable office where much correspondence is done and clinics are held.

Every day the Public Health Nurse may be seen wending her way in the early morning to the landing-stage to board the quaint paddle lake-boats that ply up and down the glorious Kootenay Lake; with its background of snow-clad mountains, some towering 10,000 feet, with the tiny fruit-ranches nestling at their feet. Journeying up and down this lake is an ever-changing panorama of beauty and colour, varying from the vivid hues of the sunrise to the delicate pastel shades when the sun dips the western horizon. Life is not all travelling with this vista of beauty. It also includes walking many miles daily to the various schools and centres.

Transportation is not an easy matter in the secluded western settlements, especially when one ploughs through the unbroken snow-tracks. In spite of many difficulties life is full of interest.

We have arranged, with the kind assistance of our Health Department, through Dr. Young, weekly dental clinics which are held in Nelson. The Department is paying 50 per cent. of each child's account. This is much appreciated by the parents, now we are slowly and surely getting their teeth attended to. Health chores are filled in daily by all children and buttons given to those procuring the most marks. Hot cocoa is being served in many schools for lunch. Paper towels and individual cups are being provided. These new ideas all take time and patience to procure. Health posters and books are made by the junior classes.

To the little people I read nature stories, also "The Cradle Ship." This is a delightful nature-book telling of the mother, father, and baby life of all trees, flowers, plants, bees, birds, animals, etc., and, lastly, the most beautiful of all, the human baby. It is most wonderfully written by "Edith Howes," of New Zealand. Little Mothers' League classes have been formed for the C.G.I.T. Group of Procter. Mrs. Kinney, our Secretary, is keenly interested in this movement. Then, too, there are the baby and pre-school age clinics, which were held monthly until the snow came. They will shortly be resumed.

All schools are visited fortnightly. The children are weighed monthly, which is the delight of them all, especially now we have our own continental scales, which travel with me where'er I go. At the beginning of September I was surprised to find that 62 per cent. of the children

were underweight. Some as much as 10 and 12 lb. below normal. After constant talks on food values and much encouragement by the school-teachers and myself, the percentage has been reduced 40.5 per cent. This is most gratifying and shows that the children and parents are realizing the importance of health. One boy was 12 lb. underweight and had very septic tonsils. After they were removed he went straight ahead and gained 6 lb. one month. He is now 1 lb. overweight and looking in the pink of health and happiness. Most of the children I found on very unbalanced diets. After introducing cod-liver oil and more milk daily, etc., into their diet, I have been rewarded. It is hard to understand that people do not realize that health is their birthright and inheritance. When one is sick, it is just *cause and effect* all the time. Health talks on various subjects are given at each visit and a good watch kept on tonsils and teeth.

Many mothers have greatly felt the benefit from the methods of Sir Truby King (of New Zealand). His ideas of re-establishing the mother's milk supply and test foods for breast-fed babies has been much appreciated. Then, too, his humanized milk recipes have been used with their usual success.

The Women's Institutes have been helpful in many ways. I have spoken at several of their meetings, of my work and the value of health and prevention of disease, etc.

I would like to say one word of the help and support I have received from all of the Nelson doctors. They are a pleasure to work with. Never once have I felt they have had anything but the most friendly feelings toward our work. The school-teachers also, with one exception, have been of the greatest assistance. One looks forward with great pleasure to the school visits, always such happy smiling faces greet one.

Although pioneering-work is very hard, it is certainly most gratifying to see one's work slowly and surely growing. Many are the difficulties one experiences. The greatest, I think, is the lack of understanding and consideration in small things that mean so much to one trying to lead people to health, happiness, and prosperity.

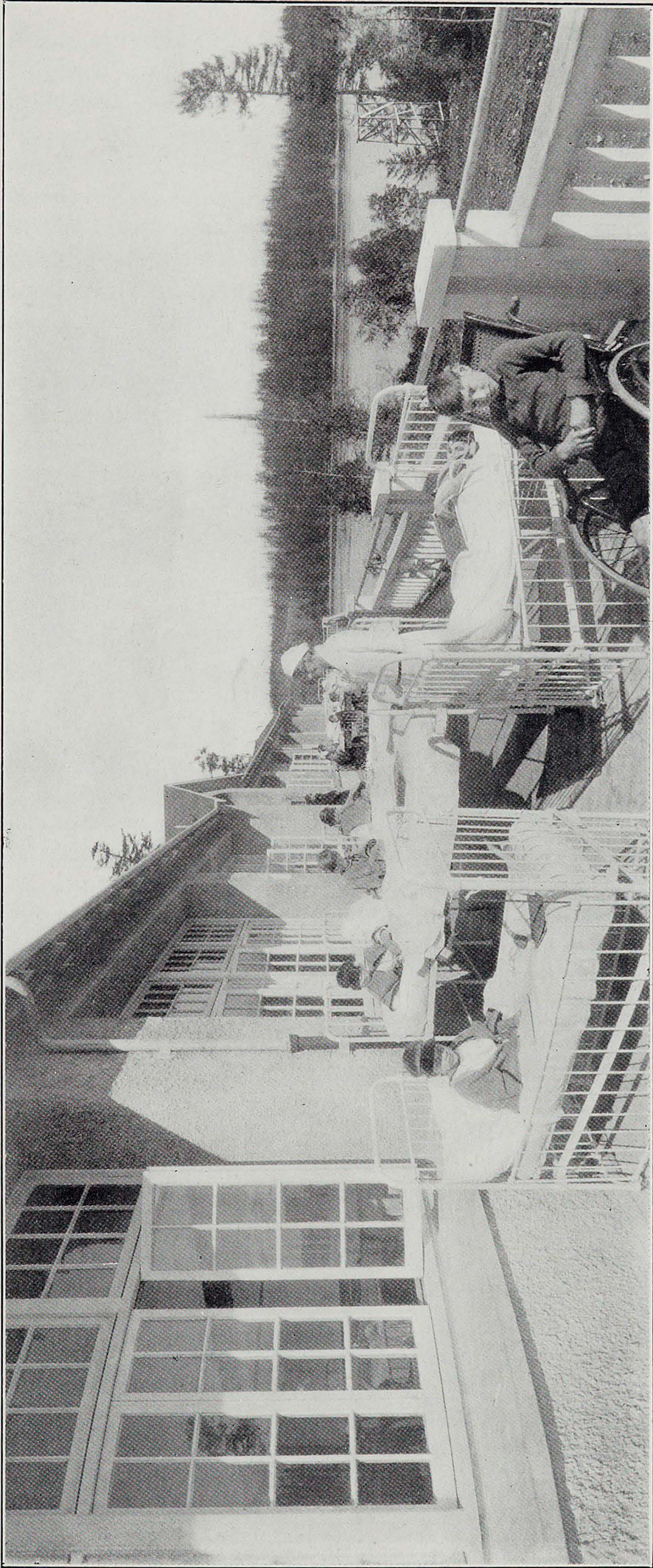
Oh, that we all had the understanding heart of Thomas Bracken (New Zealand) :—

O God! that men would see a little clearer
Or judge less harshly where they cannot see;
O God! that men would draw a little nearer
To one another! They'd be nearer Thee—
And understood.

OLIVE M. GARROOD, R.N.

A CLINIC BABIES' CHRISTMAS PARTY.

The Tuesday before Christmas was a gala-day at the Cowichan Health Centre, for on that day the nurses were "At Home" to all their little clinic friends, and in spite of very cold frosty weather the babies and their mothers arrived in time. A week before the day set for the party



QUEEN ALEXANDRA SOLARIUM. PATIENTS AT SCHOOL.

tiny invitation cards decorated with Christmas seals were sent out to all the babies who attend the well-baby clinic regularly. Long before that time, however, the staff had been busy, as it was decided to have a Christmas tree and all the trimmings.

Sharp at 2.30 in the afternoon the first of the invited guests arrived and from then on there was a steady stream. Our front walk and verandah made an ideal parking-space for perambulators and the motor-cars were lined up along both sides of the street. The Corporal of the Provincial Police, whose children were a little too big to be invited to the party, came over to ask if he could come to the party himself, as he considered it necessary to put a special traffic-man on duty to handle the perambulators as well as the motor traffic. The Health Centre was indeed having a busy time. Tea, and a very delicious one too, provided by our committee was served to some forty adults, and of course there were more than that number of infants. While the mothers were enjoying their tea a blanket was spread over the rug in the living-room, the fire-guard put in place, and there before the log fire a number of the babies besported themselves.

The runabouts were entertained with milk and biscuits and had a lovely time running all over the Health Centre. It had been thought that perhaps these young guests would like to play games and one of the large bedrooms had been prepared for this purpose, but they much preferred amusing themselves in the company of their mothers and baby brothers and sisters.

After tea came the Christmas tree, and very pretty it looked all covered with frost and tinsel and lit with tiny electric bulbs. The Health Centre Office was the setting for this scene, as with double doors into another room it provided very nearly sufficient room for all the mothers and kiddies to be seated. We did not provide a Santa Claus, as considering the age of our guests we deemed it wise not to run a chance of frightening any one, and instead had the Health Officer's little daughter, a very pretty fairy-like little girl of 5, distribute the gifts. There was a tiny little toy for every little guest and oranges and candy for the older ones.

As is usual with "baby" parties, it broke up early, so that "Mother" could get home in plenty of time to prepare "Daddie's" supper, but not before one and all had expressed their pleasure and enjoyment of the "Nurses'" party.

As for the nurses, did they enjoy the party? Of course they did; in the first place, it was really in the nature of a house-warming, for although we had been living in our present quarters for six weeks it was our initial party. Then, too, who would not enjoy preparing for such a party, procuring and decorating the tree, wrapping up all the little parcels, and deciding what each tiny guest was to receive. Also isn't it nice to remember that a great many of our babies saw their first Christmas tree at the Health Centre.

In order not to forget the country babies who were unable to get into the party, we sent Christmas greeting cards to all the babies in the

district who are visited regularly by the nurses, and of whom we have about 250 on our records. There are a few not quite as fortunate as some of the others, who received a parcel from the nurses in order that Santa Claus might be assisted a little and might not be tempted to pass any one by.

It would be rather hard to say who enjoyed the party the most, the babies or the nurses; and as for the clinic babies' mothers—well, any one looking in a window would simply say, "They all appear to be well and very happy," and so they were.

ISABELLE M. JEFFARES, R.N.

THE PUBLIC HEALTH NURSE IN FERNIE.

This being my second year of public-health work in Fernie, I am pleased to report considerable progress, especially among the school-children.

Although it is sometimes very uphill work, and one is apt to think, "What is the use of increasing the service," as each new advance is looked on by some one as being unnecessary, and one may hear the remark that "it has never been done before; why is it necessary now?"—still the majority do appreciate the work done.

As I have said in my previous article, the majority of the population of the district are miners and of mixed nationalities. It is regrettable to have to state that the foreigners are much cleaner in their homes than a certain class of English-speaking residents.

We have had a very severe winter this year; in fact, at the time I write this article the schools have been closed two days on account of the snow-storm. It is almost impossible to get about; the snow-plough goes along most of the main streets, but up here where I live the snow is too deep for the horses to get the plough through, so we have men digging a path to the more cleared roads.

Since the cold weather began we turned an empty class-room into a lunch-room for the children who live some distance from school. They bring their lunch to school and I make cocoa each day, and the teacher on duty at the lunch hour serves it. Sometimes we have only thirty, but have had ninety-two, depending on the severity of the weather.

When this service commenced the principal said to me, "It's not much use making them wash their hands at school before they eat; they have never done it in their life." However, I insisted that they should do so, and now, as a matter of course, the teacher asks of them as they come in, "Have you washed your hands?" And they never think of sitting down to lunch without having done so.

The lesson I last talked on to the children happened to be on "The Way Germs enter the Body," so I was able to emphasize why it was so important to wash hands before eating.

Last year in ten junior grade rooms we had a Health Fairy's House, which each class completed; this year we have a race-track leading to the Fairy's house, with stations all along the route, each station representing one of the health rules. Each class has a small motor-car made of

cardboard covered with pictures of vegetables and fruit; on either side the track runs a fence, each post of which represents 4 miles. Every day the teacher moves the car along so many spaces, according as the class keeps the health rules. It is very gratifying to notice the improvement in the children's teeth since they began these health competitions, and it is quite the usual thing, on visiting the homes, to be told the children refuse to drink anything but milk or cocoa, and the mothers say they all insist on having vegetables as they have to keep the health rules.

The older children this year have health-books, just an exercise-book with the health rules pasted on the front page. I got the principal to type them for me; they rule out a page each month, leaving a space for each day of the month, and daily fill in an "x" for the rules kept.

The best girl and boy in each class who keeps all the rules is allowed to wear a red badge, as in the Health Crusaders. We have Little Mothers' League classes this year, two a week with an enrolment of fifty-two pupils; the girls seem very interested and we hope to have an examination at the end of the course. The matron of the hospital here has promised to officiate at the examination, when I hope quite a number of the girls will receive certificates.

JEAN A. DUNBAR, R.N.

DENTAL CLINICS.

Is the district appreciative of the rural dental clinic arranged for their school-children? Yes, indeed, especially in the outlying, isolated schools. There the dentist's visit was unprecedented; a meeting was held in places to consider acceptance of the Health Department's offer; his local expenses were to be paid. There were responsibilities to shoulder; a place for the clinic to be arranged for.

Result: Discussion, interest taken in a very general manner in our coming and going and conduct while there, and 100 per cent. in nearly all schools cared for.

Here in town the School Board members accepted with enthusiasm. The dentist, however, is a regular institution; his warnings and admonitions old stuff and believed by some to be mercenary. The clinic was held in his office; there were no local expenses to be paid. The coming and going of the children was not unusual, the citizens familiar with Government aid to hospitals, aged, etc.

Result: Interest taken is by individuals who are largely in the habit of attending a dentist, anyway; the children needing the clinic most being those who did not avail themselves of it.

The general public is appreciative. We have every reason to feel enthused over the way this introductory work has been received.

The great truths of health are but slowly assimilated, and we save the teeth in health to-day primarily for the sake of the general health.

NORMAN R. CARTER, D.D.S.

Nakusp, B.C., April 1st, 1927.

VITALIZING STATISTICS IN SAANICH.

What at one time was just a daily record sheet, compiled day by day and totalled at the month and year end, respectively, has in these days of generalized Public Health Nursing come to be recognized as that very essential part of our work, statistics.

Perhaps it might be well at this stage to explain that I am prompted in writing by our utter inability to give rise to any discussion following Dr. Hill's lecture to us at the Refresher Course last year. Dr. Hill spoke of "vitalizing statistics," and I thought that it might interest you to know of one or two instances through which I have had an opportunity of seeing statistics "come to life."

Among my first impressions at the Saanich Health Centre was the amount of stress and importance laid upon the necessity for keeping accurate and detailed records; in fact, I think all who have spent any time within its walls will have realized this.

These records, issued by the Department of Health, which have been kept for the past five years, were introduced into Saanich by Mrs. C. Lucas, the present Nurse Superintendent, who is an enthusiastic statistician.

Last year one of the Saanich schools was burned to the ground and everything was destroyed, including the medical cards which contained that and previous years' health records. The system of keeping statistics at the Health Centre aims at having a complete record of every child from birth and includes a permanent school-card for every pupil, and each year the doctor's findings are transferred from the school-card to this sheet. So you can see it was only a matter of time to have new school-cards copied from the office records.

Another example occurred just a few days ago in relation to one pre-school child, in a large family of school-children, who developed chicken-pox. When asked over the phone if the other children had had the disease, the mother said, "Yes, she *thought* they had." Now about four years ago small questionnaires were sent out from the Health Centre to all parents of school-children in Saanich, approximately 2,222, asking particulars as to infectious disease, vaccination, tuberculosis, etc.; these to be filled in, signed by both parents, and returned to the Centre, where they are kept up to date. The fact that this mother only thought that the children had had the disease caused us to refer to the slips mentioned, and there we found that no member of the family had ever had chicken-pox.

It is this method that kept Saanich "a free from infectious disease" municipality, and it is easy to see, from the case cited, the result of sending four children from an infected home into different class-rooms of a school with over 200 children. The mother evidently saw no harm in telling an untruth to avoid having to keep her children home from school, until the nurse had explained to her the amount of harm which might be done.

There was a chance to prove how statistics could help us to get over to at least that one family that first principle of public health—namely,

the prevention and spread of communicable diseases—and is a clear case of vitalization of statistics.

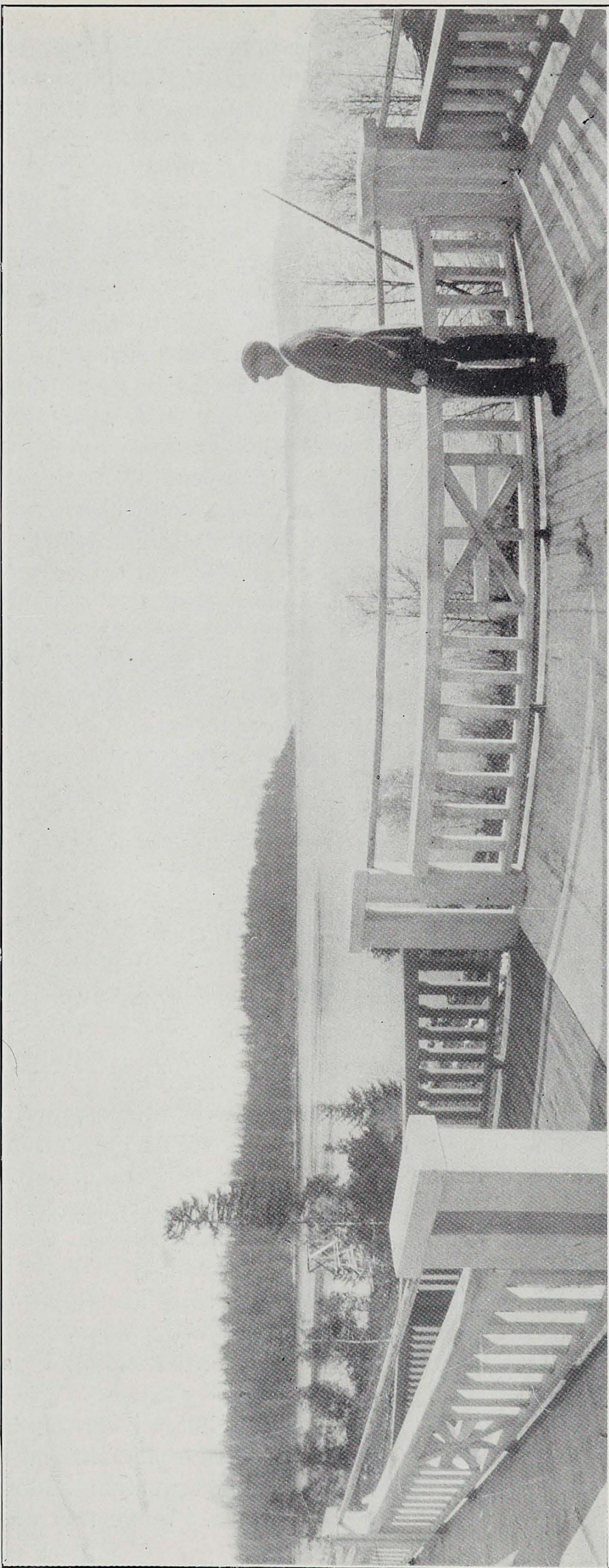
HILDA MURRAY, R.N.,
Saanich Health Centre.

COOMBS, HILLIERS, AND ERRINGTON.

Generalized Public Health Nursing covers such a wide area that one hardly knows just where to begin in order to give an idea of the work that is being carried on in a rural district. I think it is because of this huge scope that so many nurses are deserting the hospitals for this broader interest. In no other field of work is a nurse so completely thrown on her own resources, and while difficult situations sometimes arise, they are stimulating and serve as an impetus to go on when these difficulties have been met successfully.

From bedside nursing to the educational side of nursing—i.e., in the schools—is a great change and keeps one up in the theoretical side, as the little talks, however simple, have to be planned out carefully beforehand, even if it is only explaining one of the health rules, such as washing the hands carefully before touching food. And, by the way, since coming to the country (being city-bred) I realize how much it means in the country districts, this washing of hands and taking of baths. In the city all one has to do is turn on a tap, and presto! lovely hot water flows out merrily, making this part of the toilet a delight. Not so in the rural districts. All water must be carried in from some distance from the house and then heated on the stove, making bathing and washing a very tedious process indeed. This last summer many wells went dry in this district and it meant walking to one's neighbours, perhaps a quarter of a mile distant, for a very precious bucketful. So you may imagine how very much I appreciate the children's interest and co-operation when, at one particular school, whenever I appear, each child presents a pair of well-scrubbed hands. The teacher tells me the nurse is responsible for the drying-up of the wells.

I have a great incentive to this side of the work in the interest of the teachers. This, of course, is half the battle. A few months ago I sent to Colgate's & Co., Montreal, for sample tubes of dentifrice, and I have to thank them for their very liberal response to my request. Each school-child received a tube of tooth-paste, and many parents tell me that the teeth have been scrubbed religiously ever since. In the box also was dental literature to be distributed. It is very encouraging to find such liberal co-operation. Our next important work is to find a dentist who would be willing to come to this district to do the children's teeth. We are 30 miles away from a dentist and for many families there is no way of transportation. If there is a dentist looking for a holiday in a beautiful part of Vancouver Island, with a little work thrown in, we could promise him plenty to do. There is a crying need here for dental attention. I always lay great stress on this part of public-health work because so few people realize the importance of mouth hygiene. It is the foundation-stone of prevention.



LOOKING SEAWARD. QUEEN ALEXANDRA SOLARIUM, MALAHAT BEACH, VANCOUVER ISLAND, B.C.

In December we had our last lecture in the Little Mothers' League classes, and to mark the occasion for those receiving diplomas we arranged a little evening party, at which Mrs. C. A. Lucas very kindly officiated, giving out the diplomas and prizes. In these classes girls ranging from 12 years and upwards learn the care and handling of a baby. We have a life-size celluloid doll which does for our baby and which has a complete layette. All the Little Mothers love bathing and dressing it. The Little Mothers' League was formed to do away with ignorant mothers in the future, and also that the older children can be a help in the home.

We are planning at present to give a health play at Easter. The rehearsing of this play has caused the children much pleasure, and from results already seen has instilled in them the very valuable lessons which every line of it contains. In fact, I think most health-teachers will agree with me that this entertaining and comprehensive way of presenting truths to them is absolutely invaluable.

From what I have tried to show of our work in the country, you will see that not only is the daily round an interesting one, but we also have the satisfaction of knowing that through our endeavours we are helping to build a healthier and therefore happier generation of Canadians.

LAURA I. JUKES, R.N.

CHILD-WELFARE ACTIVITIES, NANAIMO.

Recently at a public meeting in the city a splendid address on "Child-welfare" was given by a very noted speaker. Among those who attended the meeting were representatives of all the most active organizations, not only of the city, but of the surrounding districts as well.

The address made a very great impression upon the audience. Until then few had realized the importance of this great work; how far-reaching its possibilities; how it affects the nation's health. It is as the speaker said—the responsibility does not entirely belong to the Government, but to every individual citizen. Continued lectures and educational propaganda will not become effective until it is substantially backed by sympathetic concentrated action in the community.

When you take into consideration a city with a population of approximately 8,800, having a birth-rate of 39 per 1,000 population per year, and add to this a Public Health Committee intensely interested in child-welfare, it can readily be understood why it was resolved that a well-baby clinic would be a splendid asset to the community.

Arrangements for this venture were speedily made, and on July 6th, 1926, the well-baby clinic was declared officially open, Dr. Ross Lane, President of the local Medical Association, attending in an advisory capacity.

The clinic was at first held monthly, but on making child-welfare visits to the homes it was found a few of the mothers had been unable to attend regularly because it had not been convenient, and so had taken baby to a near-by drug-store to be weighed. While this was very good

and showed that interest in weight had been aroused, it also showed that the time must be made more convenient for the mothers, and so it was definitely decided to hold a clinic weekly, on Tuesday afternoon, beginning at 2 p.m. This we continue to do, and new babies are enrolled weekly, proving that interest is keen, and we must keep it so, because it is through our baby clinics the defects which are beginning are pointed out to the mother, advice is given, and then they are urged to consult their family physician in order that these defects may be corrected.

Many little difficulties appear to arise at intervals in connection with the work, as, for instance, when the time was changed from monthly to weekly clinics, it was thought the usual cup of tea need not be served. However, a very few weeks showed this to be something of importance as it held the group of mothers together and enabled them to meet and talk with each other about their little problems. Many mothers have told how much they appreciate the opportunity thus given them.

Another question arose: Was it asking too much of the Medical Association to expect them to continue sending a man weekly? Or would it be better to arrange to have the doctor in attendance once a month, and on intervening clinic-days to have him "on call," should any case present itself whom nurse thought should have his supervision? An interview with the secretary of the association very soon showed there was no question about attendance at the clinics. The matter had been thoroughly discussed at a meeting of the association previously, and the medical men had then stated their willingness to attend, and were in fact interested in the work. This, the secretary pointed out, had been proved in the past by their attendance and support at the clinics.

The problem of baby-scales was in the beginning solved for a time through the co-operation of a local druggist, who very kindly loaned us, each week, the scales from his store. Now, however, we have at the clinic a lovely new "baby-scale," presented by the girls of the Malaspina Chapter, I.O.D.E.

It is too soon to speak of or quote statistics; our work has just begun, but the results so far can be judged by the support and interest shown throughout the community.

MARGARET WILSON,
Public Health Nurse.

PUBLIC-HEALTH WORK IN KAMLOOPS.

When I received the letter from the Provincial Health Department asking for something that might be interesting or helpful for the BULLETIN, I felt at first rather at a loss until I thought, "Why, every one seems to be working towards the same objective, though through different avenues"—namely, a healthy foundation for the children.

The children themselves are taking a great interest in their health programme, and this I feel sure is due to the interesting way the teachers have of presenting this particular phase of the curriculum to them, especially in the lower and intermediate grades.

Turning to the home, the co-operation from the parents is good and steadily improving. More cereals and vegetables are being used and a greater interest taken in the children's teeth, but in the matter of getting sufficient rest there is still much to be desired.

Quite a number of excellent ideas have been developed from the Dairy Council literature which was provided by the Provincial Health Department. One of the primary-grade teachers mimeographed the riddles, one for each child. The children are required to print the answers and also colour the accompanying picture, so the health lesson is correlated with other parts of their work.

At the Thompson Valley Teachers' Convention, held January 3rd and 4th, hygiene was given a prominent part on the programme.

Dr. Wyman, from the University of British Columbia, gave two most interesting addresses on child-behaviour problems and later addressed the Rotary Club along the same lines.

Miss Jones, from Vancouver Normal, gave an interesting demonstration lesson on physical drill and also an address on hygiene, which I was exceedingly sorry to miss.

At the end of the school term last summer the Rotary Club made it possible for the first time to have a girls' camp. The camp was called 'Canandaigua,' which means the Camp by the Lake, and we had fifty girls there for twelve days.

The Rotary Club not only built the cook-house, but provided free transportation by auto (50 miles) both ways and afterwards broke camp.

While at camp we tried to foster good health habits, friendship, teamwork, kindness, and helpfulness, through physical drill, bathing, hikes, basket-work, and camp-fires. The girls seemed to enjoy the life and another camp is being planned for this year.

The Red Cross well-baby clinic is playing a most valuable part in the health programme and through it we are laying the nucleus of a pre-school clinic.

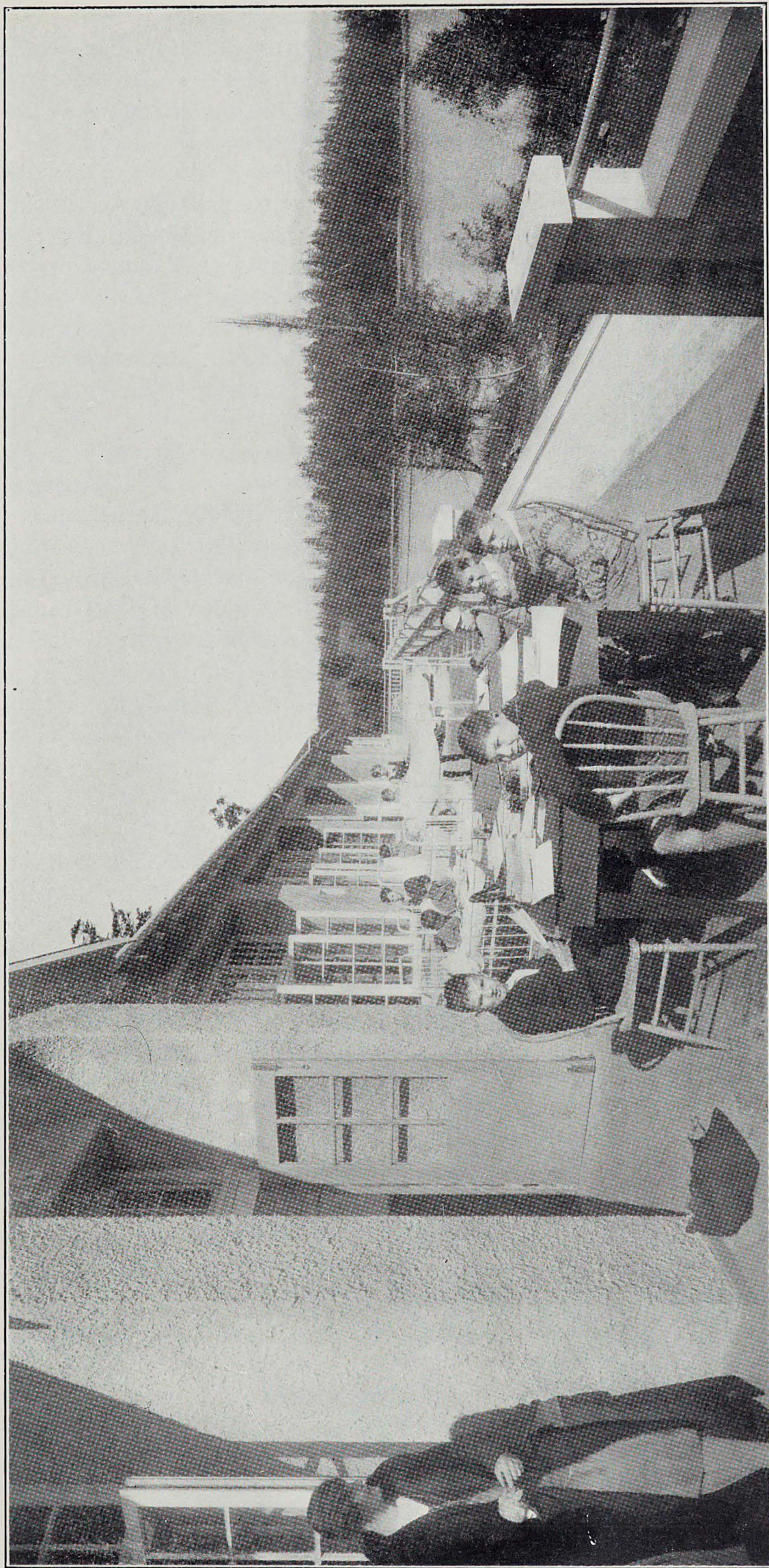
During an epidemic of scarlet fever, out of forty-five cases only nineteen developed in school. This is chiefly accounted for by the close observation of the teachers and the carrying-out of the Medical Health Officer's order that no child absent from school for one day could return without a medical certificate.

Though perhaps nothing spectacular is being carried on, we have all the same aim in view—a good foundation with a thorough understanding of the essentials to build with.

JANET CAMPBELL, R.N.

BREAST-FEEDING FOR THE INFANTS OF SAANICH MUNICIPALITY.

"I haven't enough milk; I never could nurse my babies; the women in my family never could." With some such statement the mother thinks to summarily dismiss all ideas the nurse may have that her baby will be breast-fed, and in all probability this same mother really believes that it



QUEEN ALEXANDRA SOLARIUM. PATIENTS AT SCHOOL.

isn't possible. "When I got up after being confined, my milk just went." Where and how did it go?

When we graduate from hospital we know the normal and natural thing is for a mother to nurse her baby. We also know that if a baby does not seem satisfied a supplementary feeding must be given. Some mother hasn't apparently any milk, but do we realize that even the tiniest drop will do much towards starting her wee mite on the right path? Do we further realize the importance of putting the babe to the breast regularly for the purpose of increasing the secretion of the milk, and that "expression" will help so that the baby can be entirely nursed from the breast? I think not; at least I for one did not know, nor did many of my colleagues from my own and other training-schools with whom I have discussed this matter.

Though, during my now nearly three years at the Saanich Health Centre, "re-establishing breast-feeding by technique of expression" is a subject which has been frequently brought up for discussion by our Superintendent, a subject which I knew nothing about heretofore; I didn't realize what wonderful results could be obtained until a year ago when I left the school-work in which I had been more or less specializing. Since then it has been my privilege to help combat to some extent the ever-increasing tendency for bottle-fed babies.

I take every opportunity that presents itself with an expectant mother who has an older baby which has been bottle-fed, sympathize with her because of her misfortune in not nursing her last, and prepare her mind for the opportunity to nurse her next baby. As early in the prenatal period as she is reached, we start preparing her mind and plan with her for the breast-feeding. Of course she will nurse her baby! This one will be different from every other—her own or any one else's! Helping create an optimistic attitude is of great importance. Many mothers who did not know the importance of regularity are gradually coming to realize how much this most important factor means to the infant's digestive system and general welfare, as well as being able to get a good night's rest themselves and do their housework unhindered by a sickly or hungry babe for ever crying. During the early period when the milk first comes in, often the little one does not require all that is supplied; the breasts are not completely emptied; they secrete less and less milk as a result, and later on the supply is not sufficient. By means of "expression," which is so easily taught that the mother may do it herself, this supply can be kept up, each breast being completely emptied after each and every nursing.

It is curious to note that what we have come to realize as of first importance in an "up-to-date scientific method" in reality dates back probably from the beginning of time. If we ask any farmer how he keeps up the supply of milk, he won't say by means of "expression," but he will say by persistent "stripping," which is the same thing—the emptying of the breasts. If the farmer considers it necessary to not only watch the clock most carefully so as to be sure the milking will not be ten minutes overdue, but to empty the udder to the very last drop,

how much more important for us to do the same thing for our human babies, the future citizens and perpetuators of our race.

Of frequent occurrence is the mother we meet who started baby on the breast; either the supply was too scanty or baby was cross and fretful. She phoned a neighbour who had a big overly fat babe to ask how she fed hers—canned milk was the order of the day, so she did likewise. One case in particular I should like to cite. Mrs. ——— had been confined in hospital. Getting the names of all babes registered in our district from the Vital Statistics Department, this is one of the homes I went into. “You have a new baby; I came to see if I could be of any assistance”; and that introduction was sufficient. I found that her milk came in all right, but by the end of a week had apparently all gone again. Her babe was put on canned milk and I didn’t reach her until two weeks after she came home, three weeks since breast-feeding had been discontinued. She was so surprised when I told her breast-feeding could be re-established. “What! after all this time?” I instructed her to put the babe regularly to the breast whether it seemed to get anything or not, and have a cow’s milk supplementary feeding ready; also did the “expression” myself, teaching her in a practical way, with the promise to go in the next day. “My neighbour says that instead of baby just keeping me awake all night, with combination of breast and bottle it won’t ever sleep, and I’ll kill it,” greeted me on my return visit. Nevertheless, she was ashamed to admit she hadn’t attempted to carry out my instructions because of her neighbour’s criticism, and decided to try my plan. A visit daily for a week, and the mother informed me that baby was gaining well and required only two-thirds as much from the bottle. With constant supervision and encouragement, by the end of three weeks her babe was entirely on the breast; the mother had lost her “nerves” and was getting proper rest. This is only one of many cases which we have on record at the Health Centre and who have been helped in this way during the past five years. Some that “can’t be bothered” will nurse their babies, because with the nurse going in regularly they are ashamed to say they won’t.

“Better to erect a fence at the top of a precipice than to maintain an ambulance at the bottom.”

MARGARET M. GRIFFIN, R.N.

SCHOOL NURSING IN NANAIMO.

Besides the usual routine duties in connection with the school programme, we have taken a very active part in the various entertainments fostered by the school as a whole.

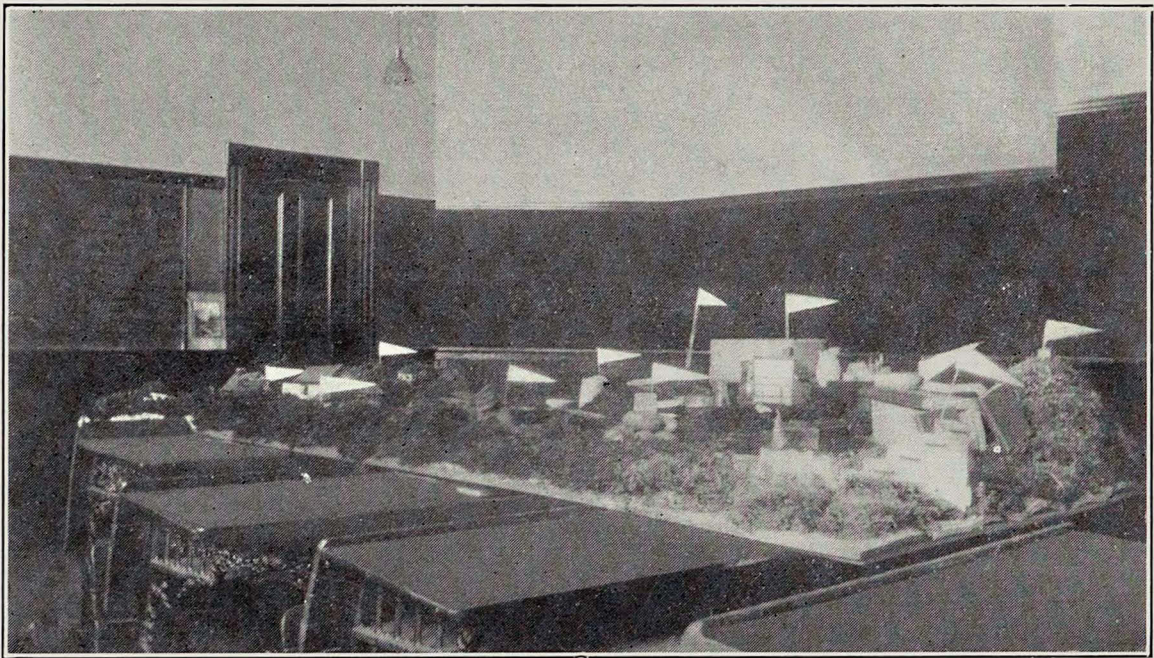
Last December, at the annual school concert, thirty girls of the Little Mothers’ League presented the short two-act health play, “From Danger Valley to Safety Hill,” by Lydia J. Roberts. It was very enthusiastically received and of distinct educational value along health lines.

A rather amusing situation was created when the curtain dropped at the end of the first scene. The audience apparently concluded the pro-

gramme was finished and rose in a body and commenced filing out. Consternation reigned among the actors until the audience was persuaded to return to their seats.

In February the various grades of our school staged a demonstration of project-work. We made a reproduction of the "Bird's-eye Map of Healthland" on an 8- by 12-foot scale. Real trains ran on real tracks on real gravel road-beds through mountains of moss and rock. The accompanying snapshot will give a small idea of what our exhibit looked like.

A contest of health booklets, posters, and essays is being conducted just now, terminating April 15th. The Provincial Department of Health is awarding prizes. We hope to have some of the work on exhibition at the Refresher Course.



BIRD'S-EYE VIEW OF HEALTHLAND, NANAIMO.

At the suggestion of the Supervising Principal, a survey was made to determine the relation between the health of the child and his accelerations in school. The following is a very brief summary of our findings:—

Total accelerations	264	
Accelerated once	161	
Accelerated twice	62	
Accelerated three times	36	
Accelerated four times	5	
Normal in every respect.....	148	} =77.6%
No defects, but underweight	57	
Defects—tonsils, teeth, vision	59	
Underweights, with defects	44	=74.5%
Total number of underweights	101	=38.2%
The average percentage of underweights for the school as a whole is.....		51.9%
Two or more accelerations	103	
There are 18 with defects.....		17.4%
and 41 underweight		39.8%

Our conclusions from this data are that, far from seriously affecting the physical condition of the children by being pushed ahead more rapidly, those accelerated are the healthiest and for the most part better nourished. It would be interesting to compare these figures with those from other schools.

MARGARET E. KERR, R.N.

SCHOOL AND DISTRICT NURSE, KEREMEOS.

It often seems hard to believe that so much can take place in a space of a few years. Before I went in training most of my life was spent in outdoor work and as the hours flew by I dreamed many things. One of these was to become a nurse and go about doing good, helping people who were in trouble, etc. When our community first had a District Nurse I used to envy her unendingly and think of the wonderful opportunities she had for doing good. As soon as possible I trained at the V.G.H., the Public Health Course at Saanich Health Centre, and came back to my community to do Public Health Nursing. I find it is not quite so simple, and, try as I may, I cannot recognize in myself the District Nurse of my dreams. I always liked the people here, which was one of my incentives for coming back to them, but since I've been working among them I appreciate them more than ever.

Before leaving the Coast I was talking to a prominent doctor, who stated that he considered it a pity to do District Nursing, where what I had learned would only fall to disuse. I only wish I could see him now, as I would have better material for argument, as I'm sure if he spoke to our local doctors, who by the way are miles distant, he would change his opinion. One must be ready for any emergency, and in serious cases such as pneumonia, where the patient can't be taken to hospital and the doctor can only come every second day, there is a great responsibility.

One of the things that makes District Nursing here a pleasure is the co-operation of the doctors. Nothing is too much trouble for them, and when in doubt over some small illness, where the patient feels they can't afford to have the doctor, if I phone the doctor, he is only too pleased to explain the best course to take.

I find the school-work very interesting and pleasant; the children are so enthusiastic, especially the little ones. I find their interest greatly stimulated by giving small prizes for health chores, etc. At Christmas-time, with the help of the primary teacher, we put on a health play, which was very successful. I would like to mention here that the teachers are a wonderful help to the nurse, and that it is greatly appreciated. The percentage underweight has improved since last September from 60 per cent. to 48 per cent. at the present time. I held a tonsil clinic early in November for the school-children of Keremeos and Cawston. There were eight children operated on, and I have been very pleased to see the marked improvement in the children since then. One of them gained 4 lb. in a month, and they have not been home from school with

colds as in previous winters. I started on February 1st to give a series of talks and demonstrations in practical nursing to a class of Canadian Girls in Training in Cawston, and later I started classes in Keremeos for girls from 14 to 20. These classes are well attended and the girls seem interested in the work.

PATRICIA EAST, R.N.

DENTAL SERVICE IN THE ARROW LAKES DISTRICT.

Concerning dental services among the children of the schools of the Arrow Lakes District, undertaken for the Health Department: We have been very much pleased by the marks of appreciation on the part of the children themselves; a pride taken in their clean, healthy teeth and mouths; a willingness to undergo any dental operation required and a real sympathetic reception of the advice and admonitions given them.

But the parents are the responsible ones—responsible for the neglected, unhealthy mouths we often see; and we have been deeply impressed with the fact that we have failed to get the “message of oral health” over to that vital source in a personal manner.

Nine out of every ten pupils came to us unaccompanied by a parent, and the opportunities to explain and advise were few and were with the æsthetic type, who required it least of all.

Surely this is where the Public Health Nurses can help so materially in their personal touch with the home environment. They can get these important truths over in a sense we cannot, and can explain that the time to begin attending to their children's dental needs is not when they are in the agonies of toothache, but eight months or so before they are born—a matter of intelligent diet and cheerful environment for the prospective mother.

NORMAN R. CARTER, D.D.S.

THE DUNCAN CONSOLIDATED SCHOOL DISTRICT.

During the past year it has been my privilege to be the Public Health Nurse attending the Duncan Consolidated School. The school falls naturally into three sections. The “Big School,” as we call it, is a modern well-equipped eight-room brick building. It accommodates Grades IV. to VIII., inclusive. A shelf in the cupboard in the library is set aside for first-aid supplies. We find that the lysol, iodine, green soap, absorbent, gauze, bandages, and adhesive are very frequently in use. The school-yard is of gravel and very hard on the knees and elbows that come in contact with it. The first-aid supplies are purchased by the nurse through the School Board. As this year's appropriation had been used up by November, we are going to approach the Sports Club to supply the necessary articles, since it is during the try-outs for the sports events that most of the casualties occur.

The Primary School, just across the street from the Big School, is a four-room wooden building, with excellent basement space for a rainy-

weather playground. The school-yard is of sand and on fine days the children revel in it. Rarely may one walk through without encountering some moated castle or lonely tower.

The York Road School is an isolated room of the Duncan School. It is situated about a mile from the school proper. It is across the railway-track and in the centre of one of the residential districts of the town. It is a unit of the Primary School and, placed as it is, has all the advantages of a rural school as well as those of a town school without their disadvantages.

Many of the children attending the Duncan School live in districts that had until recent years supported one-room rural schools. They consolidated with the Duncan School in 1919. The children who live a long way from the school are transported by means of school buses. Those who live within 2 miles of the school walk in and out each day.

With regard to medical inspection and health-teaching, the "receivers" are examined by the School Medical Officer within a few days of their admittance. The rest of the school is weighed and measured and a record kept. Their normal weights are also charted. The whole school is weighed and measured three times yearly, the last time being as near as possible to the examination by the School Medical Officer, which is usually about May. A report of the medical examination is sent to the parents.

The school as a whole is very interested in health-work. Just recently the Parent-Teachers' Association suggested that at their next meeting they be entertained by the children. Among the many delightful items on the programme was a playlet by the very tiny tots. Eight little girls were chosen from the Primary School. Each represented a health rule; one child held a huge tube of paste and a toothbrush before her and sang a little song telling of her rule; another held a bath-tub; another a basket of fruit; and so on, each illustrating her rule with a little song.

The children now are busily engaged in preparing material for the Good Health Competition. The primary grades are doing health-books; the intermediate grades, posters; and the senior grades, essays.

N. ARMSTRONG.

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PERHAPS no class of the community has to take into consideration the question of view-point as often as a District Health Nurse, a school-teacher, or a preacher in the rural districts. Not only must they reckon with the view-points of those with whom they deal, but they must have a well-balanced view-point of their own.

The varying effects of view-point can be illustrated well by experiences of mountain-climbers who laboriously toil up to the summit of a mountain range. Behind them is the valley whence they came, before them other landscapes of varying beauty, but all tending to distract the mind from what prevailed in the valley below and to put new hope into the adventurers.

The Public Health Nurse often feels discouragement because of surroundings and the vexations which they produce, but, like the mountain-climber, she can climb up from the valley of depression through mental effort and from the mountain-tops of self-control see beyond the vexing problems of every-day life to the great goal in the distance.

In the daily work of the public-health work there are many discouragements, it is true; but on the other side of the picture there are many signs that her achievements and her efforts are bearing fruit. Compare the mental attitude of the public of to-day with that of ten years ago, and surely there is ground for confidence. This change within ten years justifies us in viewing our goal fifty years hence, which is an A1 nation composed of an A1 population.

On the other hand, an interesting book to read, the company of congenial friends, or indulgence in a meritorious picture display may be used as a means of driving away a feeling of discouragement or antagonism. With the mind once more poised the District Nurse can go forth to her work with a different view-point from which to deal with her daily problems of not only sickness but family disorders among those whom she attends.

FOREWORD.

Training Public Health Nurses is a fascinating business, by no means yet brought to the point of classical perfection. Nor will it ever be brought to that point until public health itself is a finished product. This is equivalent to saying that training Public Health Nurses will never be quite perfect, because public health never will be quite perfect. Even approximate perfection in public health is many a long day—years at least—centuries probably—ahead of us. Public health depends on every other science, and all sciences are yet imperfect—even mathematics. Public health depends also on human intelligence—we need hardly comment on its present state.

But the above considerations are just those which make public health to-day the most fascinating of all big business—because to-day we have the chance to build up, devise, design, direct to some extent at least, the development of public health at its most interesting stage. The heaviest, hardest, least organized, least co-ordinated work has, much of it, been done. The building-stones have, many of them, been more or less well hacked out; some of them have been more or less well fitted to each other. We may begin to see something of the ultimate thing we are erecting.

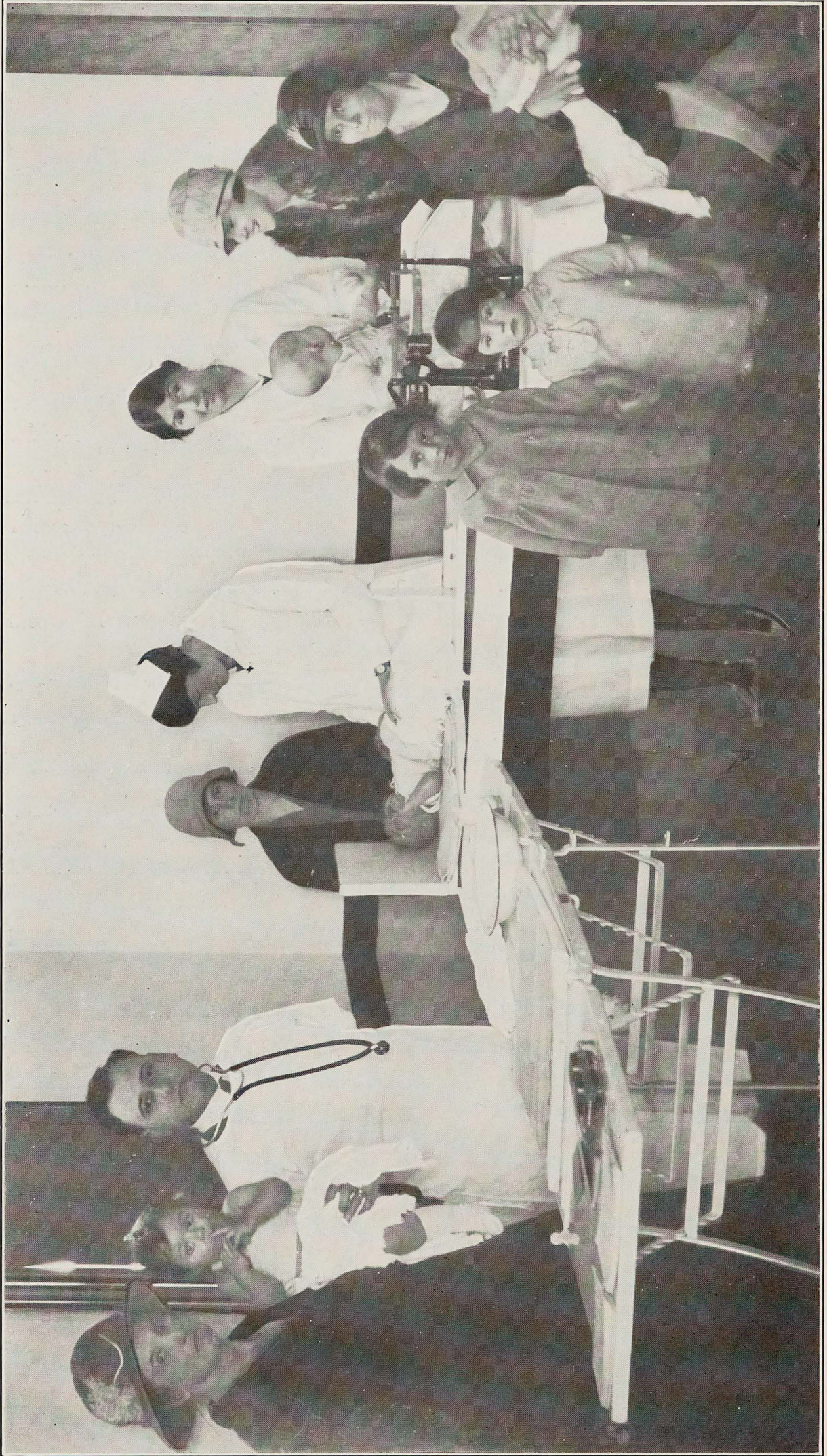
Leaving metaphors, the more we know of public health, the better we can train public-health people in general and Public Health Nurses in particular. Public-health knowledge is every day increasing. Our courses to-day cannot be what they will be ten years from to-day. But the Public Health Nurse graduate of to-day will, ten years from now, have had not merely what training we can give her now, but ten years of that training which the big world has meantime given her—a training obtained not under university supervision, but under the nurse's own supervision. Our training is but the introduction to the larger and better, if rougher, training of the real world outside. Our most earnest desire is to so equip our graduates here that they will meet, equably and well, this rougher, sterner, more exacting training—will see in all their future work, not just a job, but a chance for study, for construction, for the pushing forward of public health from what it is to what it some day will be.

Observe, record, study, think out, all that you encounter, whether you are a non-graduate, an undergraduate, or a graduate. This applies to real life and to the more or less inaccurate reflections of real life that books or teachers give. If all of you do this, we need have no fears for the public health of the future.

DR. H. W. HILL,
*Professor Public Health Nursing and Bacteriology Director,
Vancouver General Hospital Laboratories.*

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WELL-BABY CLINIC—SAANICH.

THEORY AND PRACTICE.

Not very long ago I was looking forward to that wonderful event—graduation. I thought of graduation then as the top of the hill. I think of it now as the gateway to a vast and interesting land—practical experience. Fresh from graduation, I was full of theories and ideas and burning for an opportunity to apply them. Soon the chance came to put them to the test, and then it was that the real and practical difficulties presented themselves—difficulties which the enthusiasm of the student had overlooked.

The Public Health Nurse is very much a pioneer and an educator. By patience, perseverance, and repetition she must overcome prejudice, ignorance, and dread of the unknown. So gradually the startling fact that the Public Health Nurse is at the mercy of the public came home to me. The beautiful theories and the splendid new ideas, I realized, were useless without co-operation from the world at large. The importance of making friends became evident. Making friends is an art and one which it is very hard for some to cultivate. But it is an essential in public-health nursing. Just how much can be accomplished by tact and friendliness came as a revelation to me. How do a Public Health Nurse's patients regard her, I wonder. Probably as some one to call on in time of sickness, not as some one to instruct them in the prevention of sickness. A good deal of diplomacy, therefore, is necessary in the accomplishment of educational work.

Making friends, being tactful, co-operating with others, and gaining their co-operation in return, educating the public how, when, and where opportunity presents—these are only a few of the demands made upon the Public Health Nurse. Thus the intricacies of the work unfold themselves and as they do so the interest grows. The thousand-and-one things which no training-school and no college can teach must be learned in the great school of life—by bitter experience, so to speak. But it is not all bitter; there is much sweetness mixed with it, and the whole is seasoned with many a good laugh.

FRANCES LYNE,

Saanich Health Centre.

PROGRESS IN HEALTH-WORK IN ARMSTRONG.

In Armstrong we have tried to improve the health of the pupils, keeping in mind that the child's best health is essential to his best progress in school as well as to his best work and fullest enjoyment in after-life.

After two years' school-work one looks for a certain number of results. The evidence of progress is healthier children. Although the actual figures are more than gratifying, we still feel that we have a long way to go yet.

Malnutrition was one of our greatest problems. In September, 1925, 28.8 per cent. of the pupils were more than 7 per cent. underweight and

2 per cent. were over 20 per cent. underweight. All sorts of schemes and competitions were tried to better this grave defect, but finally we have found the serving of milk at 10 a.m. to be the best of all. Straws are provided, a fact which seems to make the drinking of milk quite an interesting incident in the day's programme. Children who could not be persuaded to drink milk before now drink it, apparently with enjoyment.

Most of the children bring their own milk, but in some of the needy cases it is provided.

One little girl who drinks her pint at 10 gained more in the last seven months than she did the three preceding years. In one Grade IV., after one month's trial of milk at 10, the class average in arithmetic jumped from 50 to 75 per cent. The average gain per pupil was over three times the normal gain.

At noon a hot drink, soup or cocoa, is given to the underweights. For a time drinks were given to all, but as there are over 300 stay to lunch, that is quite a problem.

At lunch-time the pupils are required to take a certain length of time for eating. This has done away with the "too quick lunch." Formerly some of the pupils took less than five minutes for lunch.

In the health classes great stress has been put on the well-balanced meal. The children are taught and encouraged to eat a hot cereal breakfast, fruit and vegetables, as well as milk every day.

About sixty of the pupils have been taking cod-liver oil during the winter months.

At the end of December, 1927, 8 per cent. of the pupils were more than 7 per cent. underweight.

Probably our best results have been obtained through the dental clinic. In the last two years 270 pupils have received dental treatment through the clinic. The pupils of the senior grades are almost devoid of any dental caries. Two years ago 85 to 90 per cent. needed treatment. Fully 95 per cent. of all pupils give their teeth daily care.

Diseased tonsils have been other thorns in our flesh. Whether this community is worse than the next for defective throats it is hard to say, but it does seem that there are an incredible number of children with diseased throats. In the last two years seventy-five have had their tonsils removed.

Last spring we had a tonsil clinic, treating a number of indigent pupils badly in need of treatment. The cost of the clinic was \$175, which we raised by holding several dances. It was a lot of work, but the improvement in these boys and girls has well repaid us. One little chap was becoming very deaf; now he can hear almost normally.

In 1926 we had an eye clinic costing about \$86. As there is no oculist here we had one come over from Kamloops. Besides the twenty-one examined at the clinics, thirty others have had glasses fitted. There are still about ten in the school who are very much in need of glasses, but their parents, although quite able, refuse to stand the expense. They seem to think it just a lot of tomfoolery. Educating these people is one of our greatest trials.

There has been a great improvement in the pupils taking the steardine tablets. In a great many cases the gland has subsided to the normal size. In one large family in the district all the children have enlarged thyroids. The two oldest boys were unable to take the treatment, but the next three have been greatly benefited, so much, indeed, that the mother asked for treatment for the little ones at home.

The pupils have made a wonderful effort to improve their own personal cleanliness and the school in general. This is probably due to the fact of a banner being given to the room scoring the greatest number of marks each month. The rooms are marked for the floors, desks, radiators, blackboards, lobbies, pictures, plants, and pupils. It has made a wonderful difference in the school. All of the rooms are very attractive. The clean light walls are hung with pictures and athletic trophies. What a contrast to the drab grey walls decorated with spit-balls of my day!

The hearty co-operation of the principal and his staff and the material aid from the different organizations in the district have been a great help in our health programme.

Look where the dawn is kindling in the East,
Brave with the glory of the better days,
A countless host, an endless host, all fresh
With unstained banners and unsullied shield,
And great young hearts that know not how to fear,
The children come to save the weary world.

P. A. CHARLTON.

GREETINGS FROM SAYWARD.

Another year has passed since our last Refresher Course, where we all met to talk over our little difficulties and troubles. 1927 has been an anxious one for some of the residents in the valley. There have been accidents and sickness, some of which I have been able to help; others I have not.

The majority of the school-children have been free from any actual sickness, with the exception of one who had a very serious operation and has not yet recovered. Two of the children suffering from enlarged tonsils have been operated on, a vast improvement being the result.

We were also fortunate in getting the dental services of Dr. Youlden, of Victoria, to attend to pre-school and school-children's teeth, which service was very much appreciated by the parents.

At the summer closing exercises at the Upper School a little health playlet entitled "The House that Health Built" was acted by six pupils, each bearing a different poster which illustrated the different articles of food which should be eaten every day.

At the Christmas concert both schools united and gave a very good selection of songs, recitations, and dialogues, which were much enjoyed by the audience.

With best wishes for success to my fellow-workers,

EDITH M. WALLS.

FIRST IMPRESSIONS OF SCHOOL NURSING—DUNCAN.

In the few months' experience that I have had of school nursing it has been borne in upon me very strongly that the success and value of the work depends very largely upon two factors: First, the realization of the importance of the work on the part of the teachers and their willing co-operation; and, secondly, a full understanding on the part of the parents of what it all means and what we are trying to do.

Where the nurse is doing generalized work over a large district, it is of course impossible for her to visit every class in every school daily. And yet some sort of daily supervision seems to be necessary if health habits are to be really formed and minor infections kept in check. Here the teacher can help tremendously, not only by keeping the nurse posted up to date with names of absentees—so that the cause can be promptly investigated—but also, by a quick daily inspection, she can do a great deal to encourage cleanliness, and can then take special note of any child that needs to be referred to the nurse. In the primary classes especially, the teacher can do much towards stimulating the interest of the children in "health." Some teachers are extremely helpful in these ways, and the result can be noted in their classes. Others do not seem greatly interested. Perhaps they do not consider it a part of their work. I wonder how far one is justified in thinking that it should be.

And it is not only in these concrete ways that the nurse needs the help of the teacher. Their mental attitude towards the work is bound to react on their classes. If the teachers think it is important, the children are more likely to do so; but if, on the other hand, they regard the coming of the nurse for the monthly inspection and health talk as a somewhat irrelevant interruption that has to be put up with as gracefully as possible, what value are the children likely to attach to it?

It seems as if, though personally always friendly, some of the teachers are not quite alive to the possibilities of the nursing service, nor to the close relation between physical health and progress in school. But I understand that more emphasis is being laid on this point in normal schools nowadays.

As for the parents, their help is essential. Fortunately a great many do seem to understand that we really are interested in their children, and are grateful for the help that they know we are qualified to give them. Others—either through blissful ignorance or because they are so busy—are hard to rouse to a sense of their children's needs, but the most difficult mother to deal with is the one who is so complacently sure that all she does is right, and that there is no room for improvement either in herself or in her family, in spite of much evidence to the contrary.

When parents, teachers, and nurses all wake up to the fact that, after all, we are all working towards a common goal—namely, the welfare of the child in all its aspects—and will agree to all work together, what wonders will be accomplished. In the meantime, I suppose, education is the watchword, and, at any rate, by teaching the children in the schools much may be done for the coming generations.

MARGARET A. THATCHER.

SCHOOL NURSING IN NANAIMO.

The past year has been very encouraging from every point of view. Parents are more keen on remedying the defects of their children; teachers, more interested in the teaching of health as a regular subject on the curriculum; and the pupils, more ambitious to follow the health teachings we are all expounding to them on every possible occasion.

Realizing the value of proper nourishment to the school-child, the Bastion Chapter of the I.O.D.E. has taken up the work of supplying milk to the pupils during the morning recess period. The population of Nanaimo is composed very largely of working-class people. There is a tendency to exaggerate the value of such luxuries as automobiles, moving pictures, etc., among the people. The result is that comparatively few children have anything like the proper amount of milk daily. Our scheme is only in its infancy so far, but it is receiving the cordial co-operation of parents, pupils, and teachers. About 25 per cent. of the pupils are taking advantage of the service. It is too soon yet to make any predictions as to the bearing this will have on the health of the pupils, but we are expecting real results.

The Parent-Teachers' Association has undertaken to support a school dental clinic. While we have not made much progress yet, we are hoping for better things. All the energies of every organization in the city have been turned to the raising of funds to complete the new hospital. This has meant the claims of the dental clinic have had to be held in abeyance. Its value, however, is fully realized and already a fund has been established. We hope the clinic will be properly organized by next year.

This year I have been co-operating with the teacher of home economics and have given the series of classes to the "Little Mothers" as part of the routine Grade VIII. work. This has proved a much more satisfactory arrangement than holding the classes after school. The last half-hour of each domestic-science period has been so used. There will be a large class receiving diplomas this time.

For the past four years a system of treatments for common goitres has been carried on in the schools under the direction of the School Medical Health Officer, Dr. Drysdale. Careful measurements have been made periodically and results that are both astonishing and gratifying have been obtained. Only a very few have not shown improvement.

The Manual Training Department has erected boards for us in the schools. We are using these to display the large health posters supplied by the Provincial Board of Health. It is very interesting to note the reaction of the pupils to each new display.

We have also had a show-case put up in the office in which practical exhibits are made. The first one showed the article used in performing the morning toilet. Others of equal interest are planned.

School nursing has its amusing side too. The following are a few of the "howlers" obtained from exam. papers:—

Pasteurized milk is milk that has been very carefully detached from infectious germs.

Pasteurized milk is canned cream.

We have two sets of teeth, temporary and perennial.

We breathe in oxygen in the daytime and breathe out carbon dioxide at night.

Before food can be carried by the blood it must be turned into enamel.

The water that comes on our faces when we run is called inspiration.

MARGARET E. KERR, R.N.

PUBLIC HEALTH WORK IN PORT ALBERNI.

Two months ago public-health work was organized in Port Alberni and district. A generalized programme is being established, possibly a unique feature being a form of industrial nursing done for two large lumber companies, nursing visits being free to all their employees, the companies paying a substantial sum monthly towards the expenses of the work.

A home-nursing class is well attended at Great Central Lake, which is 14 miles from "The Port," where one lumber-mill is situated. Another class is being formed in town.

There are five country schools, as well as the town grade school, all of which are visited every two weeks at least. A great deal of interest is being taken in the health crusade by some of the grades. Sample tubes of tooth-paste to those having clean hands and teeth in the lower grades have aided in interesting some of the children in cleanliness. The ready co-operation of the teachers is of great assistance in that work.

Prenatal and infant-welfare work is being met with sympathetic response. Advice is asked for by phone, as well as in the homes.

The executive of the Red Cross Society, who are the committee here, are keenly interested in all phases of the health programme, and are working hard to establish a baby clinic in the near future.

I hope that when the next BULLETIN is edited "The Island Western Coast Health Centre" will be able to give a report of work *done*.

MARY E. GRIERSON, R.N.

SCHOOL-WORK IN VERNON.

The Vernon Consolidated School District is quite large, making it necessary to use three large trucks to convey children living in the outlying districts to and from school. We have approximately 1,000 children in the different schools. There are five school buildings, one of which is used entirely for manual-training classes. The School Nurse's office is in the largest building and all the other schools can be reached by telephone or by a short walk.

My work during school-hours is confined entirely to work in the schools, the time being spent in visiting the class-rooms, twenty-five in number, getting the names of absentees, which is done once a week; inspection of classes, each class being inspected once a month, attending to minor ailments and teaching health to all grades. Each class receives

one-half hour instruction weekly, the girls of the first-year high school having a longer period and instruction on hygiene and home-nursing.

Having lived in Vernon for some years, I am fairly well acquainted with the people and am able to inquire by telephone regarding sick absentees. All actual home and follow-up visits are made after school, unless it is an urgent case; any extra time is spent making social service and child-welfare visits. There are four excellent medical men in Vernon and an exceptionally up-to-date general hospital, which is also a training-school. I am in close touch with the medical men and the hospital staff, especially during a threatened epidemic.

In blocking out the year's outline for the health-teaching in the different classes, I use the "Course of Study" as a guide, enlarging on certain subjects each month so that as much as possible can be covered in the school-year. The teacher is always present during these talks and takes up that particular subject with his or her class some time later on in the week. Health posters are made on all the important subjects, and practically all the teachers have such posters on their class-room walls. Certain rules are given with each lesson and project-work is also done by way of health-books. In the junior rooms health-teaching is accomplished mostly in story form.

During February of this year we had a Safety-first Week, and a competition was held in every class-room for the most original health poster.

May Day—a part of the regular May Day school parade is the health parade, and in 1926 we were fortunate enough to receive first prize for our Red Cross car; the illustration does not show the health banner at the back of the car, and only a part of the health brigade, which was made up of boys on decorated bicycles.

A great improvement has been made in the Vernon schools since the event of the School Health Nurse, my predecessors having done the hard pioneer-work; still there is a great deal to be done. "Rome was not built in a day," and we are hoping for better results each year.

(MRS.) S. MARTIN.

ESQUIMALT RURAL NURSING SERVICE.

As one looks back a few years to the time when public health was first put into practice in the Province in the form of Public Health Nursing Centres or Services, one cannot but be impressed with the almost phenomenal growth and development that has taken place.

To quote Dr. Young, Provincial Health Officer's own words in his opening remarks in the 1926 BULLETIN, "Progress and improvement are proven by the evidence of actual accomplishments." Years of hard work put in by the Public Health Nurses in the field, the man at the head, Dr. Young, and the organizers of Public Health Services are beginning to bear fruit. This is evidenced by the fact that the public are now eager

for knowledge in respect of health matters, and a much greater enthusiasm is shown among the people in this community and those other communities fortunate enough to have a Public Health Service organized.

Also, the enthusiasm is spreading. Neighbouring communities are seeing the value of a Public Health Service, and our own association is in receipt of communications from neighbouring districts asking for information regarding the process of organization.

During the past year I have conducted a course of twelve lessons in home-nursing for the Sooke and Otter Point Women's Institutes, jointly, and the ladies who attended the classes took keen interest in them, preparing excellent papers for the final class. Good work can be done along these lines.

It is almost impossible to enumerate the many phases that come under the heading of public health. The problems are many and varied. In our own association during the past year we have taken up the question of sanitation of much-frequented public beaches; dangerous corners in the roads in the locality; and the question of grants in respect of dental work in the schools; in the hope that our endeavours will lead to improvements in the near future.

In addition to our dental work among the school-children, which we carry on continuously, children requiring treatment being taken in to Victoria to the dentist on any Saturday morning (we continue to hold two full examinations of all children attending school during the year), we are extending our clinic-work this year to include monthly pre-school clinics, where mothers may bring their children to be examined by a physician and receive advice regarding the correction of any physical defects and bad habits.

Last year, on May Day, we celebrated our first annual Child Health Day in the form of a health pageant. The Women's Institutes co-operated and some excellent floats were entered by the different institutes and Boards of School Trustees and the pageant opened with a health parade. Floats representing fresh air, out-of-doors, the foundations of health, the Queen of Health, etc., and gaily decorated cars, fell into line; and practically every one in the district turned out to witness this first annual Child Health Day. The Maypole dance and other pretty folk-dances, health plays and exercises, sports, etc., were all enjoyed during the afternoon, and the only refreshments served were bottles of milk, which had previously been arranged in a milk display, and ice-cream and biscuits. In the evening addresses were given at a crowded meeting by Drs. H. E. Young, Irene Bastow Hudson, and David Donald, and some splendid health films were shown. Prizes were given by the association and other interested people for the best health posters done by the school-children, which were all on display in the hall, and a silver cup was presented by R. I. Van der Byl, an ex-president of the association, as a challenge trophy for the annual sports. Another cup has been promised for this year. We would like to see May Day celebrated all over the Province as Child Health Day, and the day given up to a review of the health-work done during the year among the children.

This year we shall again celebrate May Day, but in some different form to keep up the interest. The committee is trying to think up some scheme whereby it can raise some money wherewith to provide some simple equipment to encourage health-giving playtime sports and exercises in the schools or school-grounds.

As each year I am called upon to submit an article for the BULLETIN, so each year I find an increasing difficulty in preparing an article for publication; not because there is less to report or write about, but because there is so much, and only a limited amount of space for each article. To record all that we have done, all that we have tried to do, and all that we hope to do would require the whole of the BULLETIN for ourselves, which would not answer the purpose of the publication. We all like to read what the other public-health workers are doing and to learn something from them. I will therefore content myself with concluding my effort this year with a summary of what, from my long experience, I consider are a few of the very necessary and important factors in the successful organization of a Public Health Service.

First of all, *service* must be the keynote. Service in all things—not merely in nursing. A nurse in the public-health field must be prepared to co-operate in all things; she must be prepared to respond to any call upon her time; to enter into the social life of the community; to accept criticism with the same grace as she would accept praise; be professional and ethical; make herself the parents' and children's confidante, and teach the doctrine of health at all times. A large order, you say? True! but not impossible. Then the committee of management must be composed of men and women who are prepared to give up a good deal of their time and talents; who have a broad outlook on life and things in general; business-like men and women, who are keenly interested in the work; who want progress and strive for it. Another important factor is to obtain the co-operation of the Women's Institutes of the district, the Boards of School Trustees, and the teachers. In conclusion, I am glad to say that the Women's Institutes in my district co-operate to the full, as also do the Boards of School Trustees and the teachers; also we are fortunate in having the co-operation of the Farmers' Institute. I have a splendid committee to work with and have no fears for the future of the Esquimalt Rural Nursing Service.

HELEN KELLY, R.N.

SAANICH HEALTH CENTRE.

The Saanich Health Centre has seen numerous changes this last twelve months. In August Dr. Berman, D.P.H., was appointed as full-time Medical Officer of Health for Saanich, supervising all public-health work for the municipality from the Health Centre. This is not only an advantage to the public, but also to the nurses who are doing public-health work.

Mrs. Lucas, Nurse Superintendent, who, after her five years' strenuous work at Saanich, resigned in October to take up public-health nursing in the University.

Through the School Nurse residing at the Health Centre, the generalized public-health nursing programme, which was disrupted two years ago, has now been resumed. This spares much overlapping of work and unnecessary waste of time.

The enclosed photograph was taken in one of the Saanich schools of Dr. Berman, D.P.H., immunizing children of all ages against diphtheria with toxoid.

S. HEWERTSON, R.N.,
Nurse in Charge, Saanich Health Centre.



IMMUNIZATION FOR DIPHTHERIA, SAANICH HEALTH CENTRE.

CHILD-WELFARE WORK IN SAANICH.

The aim of all public-health nursing is education. One does not see the result of educational work at once. In many branches of the work one has to wait for several months or perhaps years before definite progress is evident. It is difficult to arouse or to maintain a keen interest in work that does not give apparent results.

Child-welfare and infant-welfare is a most absorbing branch of public-health nursing. Following the prenatal work it is the most important. Conservation of infant-life is not sufficient. Promotion of health by correct routine and feeding minimize the percentage of defects discovered, frequently too late, during the school-life or later life of the individual. The results of infant-welfare work are apparent from the first visit.

A list of the births in the district may be obtained monthly from the District Registrar. Before the infant is a month old the first visit is made. The entrance into a home is comparatively simple, when one wishes to see the "new baby." After the first visit the visits should be a monthly occurrence. It is rarely possible to visit at intervals of a month to the day. How frequently, if six weeks have elapsed since the

last visit, we hear, "Why, nurse, I thought you were not going to come any more. It is so long since you were here." After the first year the visits are of necessity less frequent. The infant develops less rapidly and the diet is more constant.

The ideal is to have these infants report monthly at the infant clinics. The clinics are held at set times in central parts of the district. The infants are weighed and measured and any advice on routine or feeding may be obtained.

Perhaps the greatest aid to the Public Health Nurse on infant-welfare work is the literature. The feeding-cards supplied by the Provincial Health Department are most useful. The mothers welcome all reading material relating to the care of their baby. Very attractive pamphlets on the care of the child are supplied also by the Metropolitan Insurance Company.

N. HIGGS, R.N.

COWICHAN HEALTH CENTRE—STARTING WORK AT BAMBERTON.

That the public is waking up to the advantages of health supervision for children, not only during their school-life, but also in early childhood and infancy, was demonstrated recently to us by Bamberton, the home of the B.C. Cement Company, Limited.

Bamberton is a compact little community of cement-workers attached to the factory, which can be seen close to the water's edge as one crosses on the ferry from Mill Bay to Brentwood. Things are evidently run on progressive lines there. All sorts of devices for prevention of fire and accidents can be seen about, and "safety-first" posters and notices. They have a very good community hall in the village and there is a pleasant atmosphere of good-will and friendliness about the whole place.

A short time ago we received a letter from the Secretary of the School Board asking us if we could undertake a regular monthly inspection of their school-children at a certain rate per head per annum. But the significant part of the letter lay in the fact that they were most anxious that *all* the children in the village should be included in this scheme. They realized the importance of health supervision from babyhood.

Shortly afterwards I went down to talk things over with the Secretary, and drawing near to Bamberton I was struck by the thick coating of white dust that covers everything. They say that plants and gardens thrive wonderfully there, in spite of the dust, but we are wondering what effect it has on the children.

I found the Secretary keenly interested in hearing all about the Public Health Nursing Service, and he felt that greater co-operation would be secured if the parents could also hear of the work at first hand. So it was arranged that Dr. Stanier and myself should go down one evening and meet the people and tell them all they wanted to know. When the evening came the community turned out in full force—fathers and mothers, and consequently children too.

Besides the "talks," a musical programme had been arranged, and afterwards while refreshments were being served we had the opportunity of meeting the parents individually. They were most interested and anxious that the work should be started at once. So two days later we gave the school-children their first monthly inspection, and followed it up with visits in the homes, where we found the mothers most responsive. Next week the doctor will examine the school-children in the morning and hold a pre-school child clinic in the afternoon. We feel very grateful to the Secretary of the School Board, who by his keenness and helpfulness in every way has done so much to put the work on a satisfactory footing. We are also lucky in having a school-teacher who realizes the close connection between the health of the children and their progress in school. All nurses engaged in public-health work will realize what a splendid opportunity such co-operation affords, and we hope that we shall be able to make the most of it and demonstrate to the public that such service is of real value.

M. CLAXTON,
Duncan.

PUBLIC-HEALTH WORK IN QUALICUM DISTRICT.

Generalized public-health nursing in a rural district is vastly different from public-health nursing in the city or town, where everything is modern and convenient. This is my first experience in an entirely rural district and it has taken me some time to get accustomed to my new environment. Having been in the district since September last, I have experienced only the worst months of the year, which were bad as the winter has been an exceptionally hard one. As I look back on the daily troubles encountered on snow-blocked roads in an old Ford roadster, never knowing the minute the car would be sent skidding into the ditch or over tree-roots into the bush, I heave a sigh of relief when I realize that the winter is over and there is the bright spring and summer months to look forward to.

In rural public-health nursing the nurse's duties are very varied; there is the educational side in the schools, in the homes with the pre-school and infant-welfare visits, as well as the bedside-nursing in the home in the bush; there the change is startling to a nurse who has always been used to city conveniences, her resources sometimes being taxed to the utmost to cope with the various conditions. I am often amazed to see how wonderfully well things are utilized to meet the necessary requirements in these places and the amount of labour it necessitates. Children think nothing of walking miles to the nearest store, and water has sometimes to be carried long distances; even then one wonders if it is fit for use, always having to boil it before use.

Work among the children is very interesting and encouraging, especially as I find the teachers assist greatly in their co-operation with the nurse, especially so perhaps in the junior grades, where the interest shown by the children is excellent.

The older girls had a Little Mothers' League last year, and this year we are taking up home-nursing, covering roughly the principal bones of

the body, digestion, circulation, and now we have reached home-nursing care, the making of poultices, etc. The classes are held every Thursday at 3.45 p.m. in the school in the most central district, pupils coming from the other districts. As some of the girls have quite a distance to walk I always try and pick some of them up with the car, but on more than one occasion they have walked all the way. I try also to take them home, though it necessitates several trips; this is not so irksome now as I have the pleasure of a new Ford coupe, fate having been kind in allowing the old one, which has long ago seen its best days, to be burnt along with a number of other cars in the garage.

Our greatest difficulty is in getting the children's defects corrected, especially tonsils and teeth, as we are at least 30 miles from the nearest hospital or dentist. It is increasingly evident, even in rural districts, the marked interest shown in matters of health, and one has countless opportunities in the every-day contact with individuals to give helpful information, and often have the satisfaction of seeing it carried out.

J. A. DUNBAR.

DENTAL CLINIC IN OLIVER DISTRICT.

During autumn of 1927, at the invitation of Dr. G. H. Kearney, resident physician at Oliver, I visited the district professionally. Finding that he had solicited this primarily with the school-children in mind, we got in touch with Dr. H. E. Young, the Provincial Health Officer, and asked if a regular school clinic could be arranged.

Experience shows that it takes much time and correspondence to prepare such a clinic. So, Dr. Young advised an immediate examination of the school-children; that the regular notification cards be sent to parents where required; that the teachers be urged to co-operate; and that, where the sole reason children could not have necessary work done was due to financial circumstances, his Department would aid.

The examinations were very happy visitations indeed. Dr. Kearney is a great favourite with the children. He knew each child personally, and as he did all the filling-in of the parents' cards, his presence acted as a very confidence-inspiring introduction.

Five schools were attended. We had dentrifice literature and samples to distribute. Some of the former, very attractive, in the form of fairy stories, primers, etc., teaching the message of *clean teeth* in a very interesting way to the little folks.

As each individual was examined we had, watching us, a group of two or more classmates. We showed appropriate elation over and appreciation of the clean healthy mouth, and sympathetic regret where a neglected or diseased condition was manifest. The children were very responsive, and we got over this lesson of oral cleanliness in a very effective manner.

The children were found to be in better than ordinary condition; of the 122 examined, 60 per cent. required services however, most of the work being in the neglected mouths of about 5 per cent. of them.

Many parents and all the teachers were enthusiastically assistant, and as fast as the parents' cards were signed to show that we had their assent, appointments were made for the children and their dental deficiencies cared for. They were invariably appreciative and considerate and nearly all a pleasure to work for.

Fifty-eight pupils were attended; five others reported having been to their own dentists; and nine others their intention of doing likewise, later.

And, best record of all, in nearly all cases the parents paid promptly the whole sum marked on the card as the cost of the work; in fact, only nine individuals asked to take advantage of the Department's aid.

So the children of Oliver District are in the enviable condition of having the entrance to their bodies in a state of health nearly 90 per cent. reasonably perfect.

Thanks, then, to the Provincial Department of Health that made this possible, and to the physician, and citizens of Oliver District who responded so thoroughly to the opportunity.

NORMAN R. CARTER, D.D.S.

PUBLIC HEALTH IN NANAIMO.

It is only three months since being assigned to Nanaimo, so probably my perspective of the district is a little warped. But from observation and actual experience in this brief time, the Public Health Nursing Service appears to be specializing in obstetrical work, a one-sided programme indeed. Doubtless we are receiving many of the cases due to the hospital here being closed. With the nearest hospital 20 miles distant and filled to capacity at all times, our doctors are working at a great disadvantage, and were it not for the superhuman efforts put forth by some of the leading physicians the mortality of the prospective mothers would be deplorable. As it is, the life of the infant is the price paid in many instances, and this, I feel sure, would be lessened were the hospital in operation.

Our well-baby clinic flourishes. Every week sees new babies initiated into the game of health, and when a mother brings in her second baby, only 18 days old, to be enrolled in the same clinic that helped her with her first baby, we feel that our first labours were not in vain. And so progress is being recorded in one phase, if not another, of our health programme.

At no time has it been necessary to make a diligent search for cases, physicians, insurance agents, and other welfare agents all showing the spirit of real service in their co-operation. Work is plentiful, so plentiful it is bewildering at times.

Primarily, it is the needs of the people that must be met, and only in carrying out a well-balanced programme can this be made possible. To enable us to attain our goal may we be granted an increase in staff, and that right early!

A. VERNA BECKLEY, P.H.N.

KEREMEOS DISTRICT.

Keremeos is a little town which is hardly on the map as yet, but it provides plenty of interesting experiences for its Public Health Nurse. The district which the nurse covers is by no means large in area. It consists of the two school districts of Keremeos and Cawston and is about 15 miles in length and 5 miles wide. Just a rather small but fertile valley along the Similkameen River. To the east there is nothing except a few ranches and an Indian reserve. West, more Indians and about 20 miles up the river a fair-sized mine. North Olalla, which was once one of those mad little mining towns one reads about, but is now a tumble-down collection of huts occupied by half-breeds. This, fortunately for the nurse, is not in her district, but still she is expected to answer emergency calls here and also from any of the ranches within reasonable distance.

A train comes in and out three times a week, usually half a coach and two trucks, and a stage runs in from Penticton on alternate days. There are only about 500 inhabitants in the valley, and financially things are in a bad way, as is the case in most fruit districts at the present time. In spite of this, however, the people are very keen where the children are concerned, anxious to co-operate as far as possible, and in spite of the very large percentage of defects the children, taken as a whole, represent the cleanest and healthiest little flock it has been my privilege to work amongst. There has not been one case of communicable disease within the last nine months, with the exception of our ever-present friend, the common cold.

The nurse is thrown very much on her own resources. Princeton is 45 miles away, but connected by rail or road. Penticton is 30 miles by road, but at times the roads are almost impassable. During the last winter there were a few days when the store-shelves were looking very sorry. It was during this time that the town's pet bootlegger became seriously ill. A slide had blocked the railway and the roads were impassable. However, the phone was still working and the doctors were kindness itself in giving advice. We pulled him through and the town gave a mighty sigh of relief.

Later I was not so fortunate, had to keep a serious case over from Sunday afternoon until Monday morning. He died just before the train reached Princeton as the result of strangulated hernia. I knew when I was called that his only hope lay in immediate operation, but it was impossible for the doctors to get in or for me to get him out.

Recently the liquor store opened and we had action almost immediately. I was quite alone in my little cottage one night when I was awakened about 2 a.m. by a loud knocking and a happy but slightly inebriate voice talking to my cat. I slipped on my dressing-gown and opened the door and two very tough-looking individuals came pushing in. They seemed slightly offended at my hesitation in producing a light and proceeded to tell a very long tale about a quarrel. I left them talking and went out to look in the car, and found a young breed very badly stabbed and almost pulseless from hæmorrhage. The young dentist is

my right-hand man in trouble, so I ran down the street and threw pebbles at his window. He came and gave me help and courage. Fetched the telephone-girl to connect the phone, notified the police, and telephoned Penticton for a doctor. The doctor, arriving at 7 a.m., found that one thrust had penetrated the lung, only missing the heart by an inch. They sutured and made him safe to move, and I turned my car into an ambulance and took him to hospital—a three-hour drive.

Since that time I have again had to turn my car into an ambulance, arriving home on Monday morning at 5.50 a.m. These trips usually mean having to dig out of at least one snow-bank. It is never safe to journey without a shovel. My car and I have braved some very treacherous roads, sometimes seeming almost reckless in the attempt, but we are so far from medical aid and the doctors find the trip so difficult that, when it is at all possible, serious cases must be sent to hospital either by train to Princeton or in my car to Penticton.

A word about the car. It is a Tudor Ford. The front seat folds down and with an apple-box, plenty of cushions, and a cot mattress a most comfortable bed, on which even an adult may lie at full length, can be made. This is a wonderful advantage and makes the journey more comfortable and safer for the patient.

KATHLEEN SNOWDON, R.N.

SCHOOL-WORK IN FERNIE.

I have been but a very short time in Fernie as School Nurse, having come here at the commencement of the present term. Since taking up my work I must say that I have had the most wonderful help and co-operation from the principal and staff. I am not taking all the credit to myself, but imagine that it came about largely owing to the fact that I happened to arrive just at the psychological moment.

There had been no nurse here since the previous June, and when I came the district was in the throes of a scarlet-fever epidemic, so there was plenty of work to be done. The epidemic, I am glad to say, is very mild and is now well under control, but it gave me a wonderful opportunity for making the "home contact."

There are a great many foreigners in this district and many of the children suffer from malnourishment, but I find them much more teachable than a majority of the white people.

In the matter of nutrition-teaching I am very fortunate in having the co-operation of the domestic-science mistress, and we are hoping to put on a joint demonstration in either March or April.

I have a comfortable and well-equipped office in the central school and the School Board does not refuse any request for further supplies.

I feel that there are infinite possibilities for the work here in Fernie and am proud of having been given the opportunity to help.

WINNIFRED E. SEYMOUR, R.N.

TEACHING PUBLIC HEALTH IN KAMLOOPS.

Health, wealth, and happiness—what happy, wholesome thoughts these three words convey to the mind! We all want these things. We can all have them. Why, then, do we not possess what God has meant us to have?

The reason is this: Because we do not obey the laws of nature, which are God's laws. These gifts are our own birthright and inheritance. Yet how many of us possess these gifts? The more one does school-work, the more one realizes the great necessity of educating the parents as well as the children along the lines of natural laws of health.

It was certainly surprising to find in October last that out of 848 children attending school 30.4 per cent. were 5 lb. or more underweight for their age and height. This percentage has now been greatly reduced. When examining teeth and tonsils a large percentage of children were found with soft crumbling teeth, malformation of the jaws, and enlarged decayed tonsils. Parents ask me why should they pay such large dental bills. This question, as well as a great many others that parents ask me, can be answered in two words—unbalanced diet, which has usually existed from birth.

The importance of breast-feeding the baby for the first nine months cannot be overestimated. Why will not mothers learn more from our animals of the fields? In many cases these animals act superior in their wisdom to ourselves in our so-called civilization and progress. The sooner that mothers, who are the architects of humanity, realize their grave responsibilities to our future generations, the sooner we shall be able to build a healthier, happier nation.

It is amazing to see the number of babies that are not breast-fed as nature intended them to be. They are weaned at the slightest excuse and put on cow's milk and water, which mixture is not even balanced to the right percentages to correspond with mother's milk. It is in these mixtures that we find such very high percentages of protein, in many cases up to from 2 to 3.5 per cent. I am sure that had nature intended human babies to have that percentage of protein it would have been provided in mother's milk. Note the following tested comparisons:—

	Sugar.	Fat.	Protein.
Mother's milk	7.0	3.5	1.5
Cow's milk	5.0	3.5	3.5
Balanced humanized milk.....	6.9	3.5	1.5
Unbalanced cow's milk with water and sugar added.....	8.6	2.0	2.5

It is Sir Truby King, of New Zealand, who has reduced the infant mortality in that country to be the lowest in the world. I am often asked how he achieved this. He did it by proving that breast-feeding is the really natural method of feeding for a baby, and this point is the fundamental principle of his success. He has devoted twenty years of his life to this one great study for humanity's sake. His motto is, "It is wiser to erect a fence at the top of a precipice than to maintain an ambulance below."

The mothers are taught how to re-establish the milk-supply. This is done by the simple method of bathing the breasts with hot and cold water alternately, massaging daily, and stripping them after each feed, and regular three hourly to four hourly feedings; no feed between 10 p.m. and 6 a.m. Then the babies are weaned at 9 months and are given humanized milk until they are 12 to 13 months of age. The mixtures for this humanized milk have been worked out scientifically to be exactly the same as mother's milk. That is why it is called "humanized milk." The protein, of course, is increased according to the babies' ages; cereals and fruit-juices are also added to the diet.

Yet in spite of the research-work done by Sir Truby King, and the scientific mixtures prepared by him, one so often finds babies fed on mixtures which are absolutely unbalanced, such as:—

	Sugar.	Fat.	Protein.
Unbalanced diet	8.6	2.0	2.5
Humanized milk	6.9	3.5	1.5
Human milk	7.0	3.5	1.5

Many babies are even given whole cow's milk at the age of 9 months. Following are the latest statistics, which are well worth reading carefully:—

Deaths from infant diarrhœa (under 2 years) per 1,000 births—

	Per Cent.
New Zealand	2.25
Dunedin (home of Plunkett system)	0.8
No deaths in last two years.	
Australia	18.0
Great Britain	15.0
Canada	24.0
Vancouver	3.5
United States	15.0
 New Zealand, 1907	 9.0
New Zealand, 1926	2.5

Infant mortality (under 1 year) per 1,000 live births—

New Zealand	39.8
Canada	78.0
British Columbia	58.4
Vancouver (1925)	44.0
United States	77.0
Great Britain	75.0
Australia	57.0
 New Zealand, 1907	 88.8
New Zealand, 1926	39.8

One can only realize that the principle underlying these figures is that of wrong feeding. It seems to me that this high rate of infant mortality cannot be reduced until natural methods of feeding are both advocated and established world-wide.

Great success has always been found in humanized milk when a baby has been weaned at an early age. It is not only in the infant and the pre-school child that we see the result of wrong feeding. I can only make the same deduction as I daily examine the school-children. Many of these children are underweight for several reasons, lack of sufficient rest, etc., but principally from years of unbalanced diet. It is the same old story—too much sugar, too little fat, and too much protein. For this reason I advise much cod-liver oil, not as a medicine but as a food which will raise the fat percentage. The high percentage of sugar which children obtain is due to candy, white bread, cakes, polished rice, too many potatoes, white flour, etc. It is amazing to find the number of children and adults *who do not like* whole-wheat bread, eggs, milk, nuts, cheese, vegetables, fruit, etc. All of these are nature's protections from sickness and disease. But where the value of these foods has been recognized we have had wonderful results with underweight children.

The children themselves are so keen on gaining and I find they have splendid co-operation with their parents. They really are getting more of these natural products of the soil, and now we are getting results. One little girl gained 5 lb. in two weeks and has been gaining steadily ever since. Another child, a boy of 13 years, gained 8 lb. in two months. Their teachers tell me these children are improving in their school-work.

I have started giving weekly health talks to the high-school girls. Later we will form Little Mothers' League classes. Home-visiting has become a great pleasure as one receives such a warm welcome from the mothers. I have also started evening health lectures for parents and adults at the high school. These are held twice a month and are well attended and a great joy to us all. They are really get-together meetings for people who are interested in the welfare of the child, our nation's greatest asset. How many of us realize that our strength as a nation depends on our moulding and building of these children? The children of to-day are our future generation. Surely we need healthy, happy citizens to carry on the progress of our Canada.

OLIVE M. GARROOD, R.N.

PROGRESS IN RURAL PUBLIC HEALTH NURSING.

Progress in public-health nursing is not noticeable from day to day, nor yet from month to month, but there is growth and it can be measured with the years.

The foregoing is brought home to me when I look back over the last four years, which, with the exception of the last few months, I spent at the Cowichan Health Centre. On my arrival I found the nursing staff to be two nurses domiciled at a very second-rate hotel, though the charge made should have been sufficient, in my opinion, for comfort at least. Well do I remember the staff nurse and myself starting out to look for rooms. We made a canvass, almost house to house, finally locating a kind-hearted woman who had two empty rooms over her shop and who

was prevailed upon to permit us to furnish the rooms and become her tenants. Some six months later we moved into a steam-heated apartment block, which was newly constructed in a business section of the town, and a little over a year ago the move was made into a large house on the main road, which is now the home of the Health Centre. The office during this time has been on the second floor of a store building, it being possible to make arrangements to have the telephone answered when the nurse was out in the field. The move into a building of our own was to my mind the most progressive step made; not only did it link all our activities under one roof, doing away with the difficulty of procuring adequate boarding accommodation, but the effect on the public was interesting; the Cowichan Health Centre became a real part of the community life, and I think always will be.

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The different activities of the Health Centre have grown tremendously, and at sometimes unexpected angles; as, for instance, a Women's Institute group last year asked if they might be given instruction in home-nursing, their request being followed by similar ones from three other Women's Institutes in the district. What better opportunity is there for health-teaching than to such a group meeting for at least twelve classes. The staff was increased and a second car deemed necessary in order to meet the increased demand made on all branches of the service.

Can this progress be accomplished by the nurses alone? Indeed no; a whole-hearted effort on their part is most certainly necessary, and yet we seldom pause to consider how little can be accomplished without the interest and support of the community as a whole. In public-health nursing we feel that we cannot accomplish very much without the co-operation (a wonderful word, which should mean the working together for the common good) of the mothers, the children, and, in our school-work, the teachers. We ask them to co-operate with us in what we consider to be the best interests of themselves and their children, and yet at the same time do we make any great effort to co-operate with them? In order to get the best results we must make an effort to see each other's point of view. We who have been teaching the benefits of public health for years jump to the conclusion that because parents and teachers are not interested at once in what we know to be for their benefit they are unwilling to work with us. If, however, we proceed very slowly and endeavour to acquaint them with what to us is very natural and necessary knowledge, we will in time have results that are encouraging and often far-reaching.

I think we often take ourselves too seriously, more especially the nurse working alone in her district. She is very often apt to become discouraged, as progress to her seems very slow, forgetting that after all she is just a part of the organization, and what may seem to her very little advancement in her particular field added to the progress made in similar districts all over the Province can be viewed as very splendid progress indeed, the credit not being due to any one individual, but to the staff as a whole.

ISABELL M. GIBB,
Duncan.

COWICHAN HEALTH CENTRE.

The accompanying "Notes for the Guidance of Public Health Nurses" were written, on request of the Provincial Board of Health, by Mrs. M. Moss, President of the Public Health Committee in charge of the Cowichan Health Centre.

The success of the work as carried out in Cowichan under the guidance of the local Health Committee has been very gratifying, and it was thought that a statement of the plans adopted and carried out by the lay committee would be of moment to the nurses practising and in training.

We wish to take advantage of this opportunity of expressing our appreciation of the splendid co-operation we have always received from the Health Committee of the Cowichan Health Centre.

NOTES FOR THE GUIDANCE OF PUBLIC HEALTH NURSES.

(1.) *Health Centre*.—A Health Centre (such as Cowichan or Saanich) is an integral part of the Public Health Department and the nurses employed are members of the Public Health Nursing Staff, whose head is the Provincial Health Officer.

(2.) *Local Committee*.—These nurses work under a local committee, who are responsible for the financial and general superintendence of the Health Centre. The relations between the nurses, committee, and the Public Health Department are analogous to those existing between teachers, School Boards, and the Education Department. The committee leaves the professional side of the work to the nurses, who communicate direct with the Public Health Department.

(3.) *Appointment, Salaries, etc.*—All appointments and dismissals are made by the local committee with the knowledge and approval of the Provincial Health Officer. All salaries are paid by the local committee. On the request of the Public Health Department, and with the consent of the local committee, a nurse may be transferred from one district to another on promotion, or for the general benefit of the Public Health Nursing Service.

(4.) *Public Health Nurse's Position*.—The position of a Public Health Nurse is pre-eminently an important one in a district and calls for high professional ability, high ideals as a public servant, and infinite tact. The first impressions made by a nurse on the committee and district are almost indelible, and nurses should realize that professional and social etiquette must be strictly observed in many directions if they are to uphold the dignity of their calling and the prestige of the Public Health Department.

(5.) *Financing of a Health Centre*.—So many organizations are affiliated in the work of a Health Centre that the wise nurse will make herself thoroughly acquainted with the financial side of the work. The upkeep of a Health Centre is financed by grants from:—

(a.) The Public Health Department.

(b.) The Education Department.

(c.) Local School Boards.

- (d.) City and Municipal Councils.
- (e.) Women's organizations.
- (f.) Nursing fees.
- (g.) Membership fees of the general public interested in public health.

(6.) *Taking-over of Duties.*—On her appointment a new nurse should be given at least one week to take over her duties from her predecessor. She will meet her committee and be given a general outline of the work of the district. The retiring nurse should, as far as possible, introduce her to the local Medical Health Officer, school doctor and dentist, headmasters and mistresses of the local schools. Special attention should be given to serious nursing cases and bedridden patients should be visited and the new nurse introduced.

(7.) *Office-work.*—The office routine should be explained. All school records, Metropolitan insurance-books, account-books, etc., should be brought up to date and handed over officially. An inventory of all office furniture, books, paper, supplies, etc., should be made and, if found correct, signed by both nurses.

(8.) *The Motor-car.*—The condition, age, licence, insurance, and garaging of the motor-car should be thoroughly explained by the outgoing nurse, and when satisfied that all is correct the new nurse should sign the necessary forms provided by the committee for handing and taking over.

(9.) *A New District.*—In the event of a nurse opening up a new district, she will be guided by her committee as to local conditions, but as soon as possible she should call professionally upon the following:—

- (a.) Medical Health Officer.
- (b.) Local doctors and dentists.
- (c.) Headmasters and mistresses of schools.
- (d.) Clerks to School Boards.
- (e.) Metropolitan insurance agent.
- (f.) Matron of local hospital.
- (g.) Presidents and secretaries of Women's Institute and other organizations.

M. Moss,
President, Cowichan Health Centre.

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EDITORIAL.

AS PUBLIC HEALTH NURSES we hear a great deal about "keeping fit," generally applied to our physical well-being. What about "keeping fit—mentally"? A difficult proposition for a Public Health Nurse at any time and under any circumstances, but very hard indeed for the nurse working alone in a rural community. The nurse working alone is the real pioneer in the service; many a large public-health service has been built on the foundation laid by the individual nurse working under great difficulty to carry out a wisely planned programme.

Association with others of her chosen profession is perhaps what a nurse working alone misses most, especially if she has just recently left either her training-school or university. The nurses she comes in contact with are either institutional or private-duty workers, and of course their view-point as to the value of public-health teaching may be very different to her own. At the same time, this association with other nurses should be encouraged, as aside from being very pleasant socially, often is a great stimulant to thoughtful discussions of the value of the service to the people of the district.

Public-health publications of all kinds are of great benefit to the Public Health Nurse; the number a nurse should subscribe for regularly is limited to the amount she feels justified in spending. Perhaps no two nurses agree on just what publication is of greatest assistance to them personally. Generally speaking, a nurse does obtain the greatest benefit from a magazine published monthly which deals with the subject in which she is most vitally interested.

Very few Public Health Nurses can afford to purchase for themselves reference-books which they feel may be of assistance to them in their work, and yet many times do they feel the need for such books and are unable to obtain them from any library to which they may have access. Realizing this difficulty, the Public Health Committee of the British Columbia Graduate Nurses' Association have accepted the offer made them by the Provincial Library Commission to place an "Open Shelf" in the library at Victoria at the disposal of the nurses of British Columbia.

A number of books which are of interest to Public Health Nurses particularly are being purchased, and it is hoped to have them placed

very shortly on the "Open Shelf," so that they will be available for the nurses of the Province. The initial number of books available will not be large. It is hoped the nurses will find them very interesting, so interesting that they will use them constantly, thus proving to the sceptical ones (some of these sceptics being public-health workers themselves) that the majority of the Public Health Nurses of British Columbia are anxious to keep abreast of the times in their own particular field at least.

The offer made by the Provincial Library Commission is a very generous one, for they are willing to place at the disposal of the nurses this "Open Shelf," on which will be placed the books handed over by the British Columbia Graduate Nurses' Association, the Provincial Board of Health, or any one interested; to add new volumes from time to time as the nurses themselves demonstrate their interest in the library; also they are willing to pay postage one way, the individual borrowing the book to pay return postage. A bulletin giving a list of books available and their authors will be mailed to all Public Health Nurses in the Province.

Realizing that public-health nursing is an interesting and all-absorbing profession, it is not surprising that Public Health Nurses, in an endeavour to keep pace with the progress of their profession, lose sight of the fact that in order to keep fit mentally it is necessary to keep in touch with what is happening in the world outside their own particular sphere. Remembering this, an effort should be made to attend on all possible opportunities lectures on topics of general interest, recitals, concerts, and other entertainments that may be given in their district. A subscription to a publication of general interest will add greatly to their pleasure and interest in life, thus increasing the Public Health Nurse's efficiency in handling the problems that crop up in her daily life.

ISABELLE M. GIBB.

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SCHOOL NURSING.

Now that medical inspection of school-children, or, as it might be more correctly termed, health supervision of school-children, has been carried on for a number of years, we are reaching the point where we feel that an attempt to evaluate results is warranted.

When medical inspection of school-children was first established, its main purpose was the control of contagion; later was added the physical examination for the detection of remediable defects; while these two objectives are still prominent, a third and a most important has evolved, that of health promotion by means of education in healthy living.

We are reminded that public health has in its development passed through three eras. The first, beginning about one hundred years ago and lasting thirty or forty years, was the era of suppression of disease and was based on the theory that illness was caused by filth. This might be termed the age of sanitation. Following this was a period of disease-prevention, when greater efforts were made to control the environment and regulate the movements of individuals when they affected the public health. The third era has only just begun. It is an era not only of the suppression of disease through sanitation and of disease-prevention, but includes the education of individuals on personal hygiene and rules of right living and in health promotion. In the present-day conception of public health the school-health service occupies a most prominent and important place. Through its specially trained health-workers the school-health service is able to bring to the children, the teachers, the parents, and the community expert information in the three fields necessary for public health—namely, sanitation, preventive measures, and personal hygiene and health promotion.

Can we truly say that health supervision of school-children is showing results, and is accomplishing those things which it set out to do in the prevention of contagion—the detection and correction of physical defects and education in healthful living? Measuring the results of health-promoting activities is difficult, but perhaps a few figures from the report on the Vancouver City schools, as they afford the largest group and as a system of health supervision has been established for a number of years, might be considered. The records show a steady decrease in the number of children found with physical defects of various kinds. For example, in the last few years, malnutrition has shown a decrease of 10 per cent.; enlarged tonsils, 25 per cent.; defective vision, 25 per cent.; and defective teeth, 33 per cent. What is making the difference? We think that the answer can be found in the growing realization on the part of parents, teachers, school officials, and the general public, through health education, of the importance of knowing and applying the principles of sanitation to home and school environment, of the use of modern methods for prevention of disease, and to the education of individuals in personal hygiene. It is resulting in the saving of thousands of dollars to the ratepayers through saving of school-time, not only by preventing loss of school-time through preventable illnesses, but also by the increased ability of the children, through improved health conditions, to take greater advantage

of the facilities provided. It is a well-known fact that children suffering from various physical defects constitute a large percentage of the "repeaters" in schools. In addition to this is the time saved by the prevention of the spread of contagious diseases by the early detection and isolation of infected children, which can only be done by trained health-workers. By this means others are protected from infection and illness prevented which might cause not only a loss of school-time during the active course of the disease, but also be followed by after-effects resulting in poor health and lowered efficiency in later years. A year ago certain regulations in connection with the control of infectious diseases were issued by the Provincial Board of Health, which are applicable only in communities in which an adequate school-health service is maintained. After operating under these regulations for three and one-half months, it was found that in the Vancouver City schools 60,000 school-days at an approximate cost of \$18,000 had been saved. At the same time results proved conclusively that a maximum amount of protection had been given the pupils in the schools.

Through the activities of school-health workers, many harmful environmental conditions in school, such as improper lighting and ventilation, unsanitary and inadequate lavatory and toilet accommodation, and other unhealthy conditions, have been brought to the attention of the authorities and remedied. Special classes for handicapped children, such as open-air classes for delicate children, sight-saving classes for those with impaired vision, remedial classes for the correction of postural defects and deformities, special instruction and care for undernourished children, and dental clinics, have been established, all contributing to the improvement of child-health.

The importance of healthy children to the community and to the nation has been too often demonstrated to be doubted, and no effort is too great which will bring about this objective. The promotion of health is work for the community, for parents, teachers, and the children themselves, and for co-ordinating their work and stimulating their efforts the Public Health Nurse, with the school as the centre from which her efforts radiate is essential. School-health work is a part of the great modern public-health movement; and what is public health? We cannot do better than quote the definition given by Dr. C. E. A. Winslow, Professor of Public Health in the Yale School of Medicine, who says: "Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual a standard of living adequate for the maintenance of health; organizing these benefits in such a fashion as to enable every citizen to realize his birthright of health and longevity."

ELIZABETH BREEZE, R.N.,
Head Nurse, Vancouver City Schools.

THE PUBLIC HEALTH NURSE.

Public health is not new, but during the past twenty years it has developed greatly. However, there is still a growing field, and a field in which the public is realizing to an increasing degree the value of effective work.

The nurse has been an indispensable factor in public-health service. She is a link between the school and the home, the community and the home. She, it is, in many cases who has the responsibility of getting over into practice the principles of the new gospel of health-teaching and breaking down old prejudices.

The attitude of the nurse toward the parent and the home is vital. If she is to be a success a friendly relationship must be established. How often one feels an antagonism which gradually becomes less after one or two home visits until there is a feeling of friendliness. This friendly feeling when once established has considerable value in gaining the parent's co-operation. Very often the attitude of the child towards the nurse and toward health-work helps or hinders accomplishment in the home.

The nurse has made school medical work truly effective. Her activities in the discovery of physical defects and in gaining the co-operation of the parent in having them corrected are important phases of the work.

In fighting tuberculosis, as well as in preventing other communicable diseases, the nurse can play an important part. She must not only be grounded in the care of the actively tuberculosis patient and keenly sensitized to her responsibility for the protection against the disease of all members of the patient's family, but she must constantly be on the alert to prevent the occurrence of the disease in susceptible or pre-disposed individuals. Through her contact with the children in the school and the parent in the home she becomes familiar with home conditions and environment. After finding out all the positive cases in the community she can keep a close watch on the contacts. Children suffering from malnutrition and other defects are also carefully observed, and she sees these children have periodic examinations and emphasizes the necessity of healthful living. Tuberculosis is a disease to be conquered or prevented only by the regular and persistent practice of proper health habits.

In recent years since better and more complete census reports have begun to be made have people become aware of the overwhelming total of yearly deaths of mothers and infants. It has always been recognized the maternal mortality in childbirth is preventable. Florence Nightingale said: "Lying-in is neither a disease nor an accident, and any fatality attending it is not to be counted as so much per cent. of inevitable loss. On the contrary, a death in child-bed is almost a subject for inquest. It is nothing short of a calamity which it is right we should all know about, to avoid it in the future." What was true in Florence Nightingale's day is doubly true in ours. The Public Health Nurse can do a great deal in lowering this appalling death-rate. Persuading the prospective mother in the early stages of pregnancy to obtain a physician's advice might

prevent the catastrophe of a motherless home. The nurse can also teach her how to guard her own health, so that when the baby comes it is endowed with the richest of all heritages—health.

After the baby comes, the mother, especially with her first-born, needs expert advice in the care and feeding of her infant. She should be advised on the importance of breast-feeding, which should be firmly established.

The nurse in the community should see that the 'teen-age girls have instruction in child-care. The girls of to-day are the nation's future mothers.

The duties of the Public Health Nurse are many and varied. Pre- and post-natal work, infant and child welfare, bedside nursing, tuberculosis-work, the prevention of communicable diseases, and teaching health are all a part of her programme.

P. CHARLTON,
Armstrong, B.C.

ARMSTRONG.

The following essay will show the results of the teaching as conducted in the health classes. The writer is a girl of 13 and the essay is her interpretation of the lessons received from the Public Health Nurse. Health habits have been implanted in this child. Is it not worth while?

CARE OF BABY.

Nearly every one loves babies, so they would not want the baby to be unhealthy because of improper care. For the first few months baby does nothing but eat, sleep, and grow.

The baby's clothing calls for great care. It should be suitable to the season, neither too warm nor too cold. When baby is taken outdoors the clothes should be warmer than usual. They should all be made to open down the front and the weight to hang from the shoulders. The vest might be of silk and wool, which is better than pure wool. When washing the clothes, never starch them, but wash in warm water with some nice soap. Do not blue the diapers.

The young baby's food consists mostly of mother's milk, but as he grows older other foods may be added. From an early age baby should have orange or tomato juice every day as well as cod-liver oil.

Sleep is Nature's way of resting the body, and the younger a child is, the more sleep it needs. A young baby should sleep at least nineteen hours out of the twenty-four. When possible baby should sleep alone. Baby should not be allowed to sleep with a bottle or a pacifier in its mouth. The room in which he is sleeping should be screened, cool, well ventilated, and free from flies.

When preparing to bath baby be sure to have everything ready. The clothes may be put out on the table ready for putting on baby afterwards. All necessary articles, such as soap, powder, towels, vaseline, and boracic acid, should be put on a tray near at hand. The temperature of the room is about 70° and the bath-water about 98°, or body-temperature. Have a

separate towel and wash-cloth for the face and body. Never leave baby in the bath very long as he may catch cold.

Play is good exercise for all babies. Toys should be given that are washable and too large to be put easily in the mouth. Baby can be put on a bed with just a few clothes on each day, so as to kick and strengthen the legs and arms.

Fresh air prevents colds and should be indulged in at an early age. In the summer take baby outdoors for a walk or put the carriage in a shady place and screen from the flies; then allow baby to sleep quietly. In the winter take him outdoors if possible, or, if not, dress him in his outdoor clothes and open the doors and windows for an hour or two.

Begin to train baby to good habits when he is young. Bad habits are easy to form but hard to break. One of the worst habits is persistent crying when all baby's wants have been seen to. To break it, first see to all baby's troubles; then let him cry himself to sleep. A pacifier is bad for baby as it is both dirty and dangerous, often spoiling the shape of the mouth and causing adenoids.

To kiss a baby on the mouth is neither clean nor desirable. When carrying baby always support his head and back. Do not lift him up by the arms.

The nursery should be a large, well-ventilated room, screens on all windows and doors. The lights should be protected and out of baby's reach. Everything from the curtains to the floor and furniture should be plain and easily kept clean. White is the best colour for the furniture. Shelves may be put along the sides for baby's toys. The temperature should be kept even at about 65° to 68°.

KATHLEEN CROZIER,

Age 13, Armstrong, B.C.

POST-GRADUATE WORK AT COLUMBIA UNIVERSITY, NEW YORK.

In choosing a subject upon which to write, I am confronted by so vast an array of public-health agencies, all doing good work, much of it new, experimental work, it is difficult to determine what would be most interesting and valuable. There is the splendid work of the Henry Street Visiting Nurse Service, of which we all heard while taking our courses at the University; the Maternity Centre Association, which does a tremendous volume of the maternity-work. When it is remembered there are approximately 125,000 babies born in New York City every year, of whom probably 50 per cent. are born in institutions, it will readily be understood what demands will be made on an organization of this nature.

In 1924 the American Red Cross, Henry Street Maternity Centre, and the Association for Improving Conditions of the Poor decided to merge their activities in a given area of the city, for a period of a few years, in order to experiment with the value of generalized *versus* specialized services. A total annual sum of \$65,000 was contributed and the East Harlem Nursing and Health Demonstration was established.

The budget thus secured provided what was probably a larger sum than had been available hitherto for public-health nursing in an area of equal size and population. The Demonstration was therefore an experiment in the co-ordination of nursing activities, with sufficient funds for the development of a programme approximately adequate to community needs.

In a district such as that in which the Demonstration is located, clinics for the health examination of children and adults is indispensable. To supplement the work of the Public Health Nurse, definite provision was made for the inclusion of a programme of nutrition-work with the nursing and medical services.

The Demonstration planned to lay special emphasis on experimentation in fields that had hitherto been somewhat neglected, particularly in health-work for the pre-school child. As that is one phase of our work in British Columbia that has not received its full due of attention, a brief account of some of their procedures might be of value.

Three rooms have been provided for the clinic—one, for the doctor; one, a consultation and demonstration room for the adults to talk to the nurses or nutrition-workers; and the third, a waiting-room. In the last room are the "aids," girls who are paid a regular though small salary to come and look after the children while they are attending clinic, take cases to hospital, set up the equipment, etc.

The rooms are a distinct departure from the uniform white walls of the average clinic. The walls have been tinted in harmonious colours; pretty, daintily made, coloured curtains cover the windows. The rooms are made just as attractive as possible to serve as models which the women frequently copy at home. There is nothing at all pretentious about any of the rooms. The whole purpose is to set mothers and children at their ease immediately.

There is a large personnel in attendance at each clinic to ensure adequate educational work. The same quarters are used for the prenatal, infant, and pre-school clinics. The average attendance at each will show six to seven prenatal examinations made, or fifteen to eighteen infants examined, or twenty to twenty-five pre-school children cared for in the course of one clinic. They have established the practice for the nurse to do all the vaccinating for smallpox and to give the toxin-antitoxin treatments, but only when the doctor is present.

From experience they have found that to secure the best results from their physicians, voluntary service is eliminated entirely. Accordingly, the doctors are carefully selected for each clinic and receive a regular salary of \$4 to \$5 an hour. They have found it is wise to pay him even for occasional days, when because of a holiday no clinic is held. They have estimated that each type of clinic costs from \$800 to \$1,000 a year! This includes all items excepting the nurses' salaries. Will it not be a grand day when we can estimate even an approximate amount for our clinics in British Columbia?

In the waiting-room on the pre-school clinic days is a set of equipment guaranteed to bring joy to the heart of any youngster—big blocks, balls, crayons, cut-outs, books, beads, etc. Frequently an elder sister

accompanies the child to the clinic. This is especially true for the Saturday morning one. These big girls are taken in hand by the nutrition-worker, who teaches them simple lessons in preparing food for the little ones of the family.

I was particularly interested in the methods employed for testing the eyes of these little pre-school people. The Snellen "E" chart is used rather than any of the pictograph charts, though they are at hand also. A regular game is made of the test. In fact, at no time is it mentioned that the eyes are being tested.

The game is never hurried. That is one point that is always stressed. Because a little child is apt to become confused when attempting to concentrate on one letter when it is mixed up among a lot of others, a piece of dark cardboard, large enough to reach across the width of the chart, and with a small square cut in it, is placed over the chart so that each letter appears to be in a tiny box. The children may not understand all the directions, but they love to show which way the "legs" of the "E" point.

It has been found the children become less fatigued if a routine of first the right eye, then the left, is always followed. Any abnormal conditions, such as frowns, scowls, squinting, holding head on side, stooped shoulders, or an irregularity in the way the eyes focus, are noted.

When there is any reason for the child to go to the ophthalmologist, he is always ready to go to show the nice man how well he can play the game. About 10 per cent. of the children have been found to require glasses. They are never advised for these small children except when absolutely necessary to protect vision or to prevent more serious developments.

MARGARET E. KERR, R.N.

MY IMPRESSION OF PUBLIC HEALTH AT SAANICH.

Not long ago I had to make a decision. Which of the two courses offered the fifth-year nursing students of the University of British Columbia would I take—teaching and administration or public health? My hospital training had shown me what could be expected from the first, but nothing, up until the time I had to make my decision, had been revealed about the last. Public health, therefore, remained a mystery to me, and the fascination that most people have for mysteries influenced my choice. Gradually, then, I realized the extent of the aims of public health; that the preventive side of medicine is to be stressed with the idea of "keeping well people well." This truly was very different from my former views of nursing.

Still intent on finding out more about these new ideas, I came to Saanich Health Centre, and since then have found that a public-health programme is not as easily carried out as the enthusiastic text-books and various types of literature lead the inexperienced student to believe.

The main difficulties that I have met in Saanich have arisen from a public not educated to the facts that the nurses are not solely curative agents, and that the staff of nurses must be increased as the bedside

nursing increases in order to adequately carry out a public-health programme in conjunction with it. Time changes all things and the results of public health as compared with the results of curative nursing are seen only as time goes by. Therefore, bedside nursing, instead of decreasing as it should through preventive teachings, is still very much on the upward grade. Patients once becoming familiar with the home-nursing service will not only call the nurses time and time again, but will also tell their friends, and unless the staff of nurses is increased accordingly, the public-health programme of necessity has to be neglected. Then, again, a great deal of time is spent nursing chronics. Some months the number of chronic nursing cases constitutes nearly 50 per cent. of the total nursing cases. That the people as a whole in Saanich appreciate the nurses more because of their curative rather than their preventive value has come as an almost startling revelation to me. Because the public is always grasping for something tangible, it is hard to make it realize the value of public-health nursing.

However, in order to arrive at a reasonable solution of this "mystery," the absolute requisite of any mystery—time, perseverance, and patience—must be exercised, and I, the veriest of beginners in public health, will hopefully await results.

MYRTLE HARVEY, R.N.,

Saanich Health Centre.

SAYWARD, VANCOUVER ISLAND.

It is with much pleasure that I submit a small article for this year's BULLETIN.

Taking the year all round, the health of the school-children has been good up to February, when most of the children have been absent owing to severe coughs and cold, rather more severe than usual.

The frosty weather in British Columbia does not seem so healthy as the wet weather, but the children all seem to be recovering now, apart from the common colds. The children are very fortunate, for during my eight years' residence in Sayward there have been no infectious diseases.

The dentist was in the valley last August and through the help of the Provincial Board of Health attended to all the school and pre-school children's teeth, many of the residents also taking advantage of his visit to have work done.

I have also had a supply of useful and instructive literature for children and mothers from the Department and distributed same at various times.

Several expectant mothers have had and enjoyed reading the prenatal literature and letters supplied on request.

The Upper Sayward School has started a "Junior Red Cross" lately and seem very enthusiastic over it. They enjoy reading the monthly letter and book sent out.

They gave a whist drive and dance and realized a few dollars, some of which they are sending to the Junior Red Cross for the Solarium.

The usual annual fair was held in September. The school-children's entries made a very good showing and there were several prizes taken among them.

I would also like to add a word of thanks to the Provincial Board of Health for their help and advice to me when I am in any doubt, also to Drs. Stringer and Mills, of the Columbia Coast Mission, who I can usually reach by telephone if I want any advice in regard to removal or treatment of a patient.

EDITH M. WALLS.

QUALICUM AND DISTRICT PUBLIC HEALTH ASSOCIATION— CLASS-INSTRUCTION.

Since my arrival in this essentially rural district I have been rather surprised and very gratified at the keen interest evinced by both children and adults in educational work as a means of prevention of disease.

I think all will agree with me when I say that the average Public Health Nurse, fresh in the field, dreads the very thought of giving class-instruction. I shall never forget how my knees shook and how very far distant my voice sounded when I gave my first health-talk to a class of school-children. What a sigh of relief when the ordeal was over! And yet it had to be done, for is not education the first step in prevention? My experience is that repetition is the only means of banishing this form of stage-fright, and one grows to enjoy rather than abhor instructional work.

In my district the majority of the boys and girls have not had the benefit of the training which is accorded to Girl Guides and Boy Scouts—even the elementary first-aid which aims at making them cool and observant in emergencies and dexterous in the application of their knowledge. For this reason I organized a class among the senior pupils of French Creek School and gave a course of twelve lessons. All attended regularly and showed keen interest and proficiency.

In times gone by, in cases of communicable disease, the cry was: "Children must have it; let them get it while they are young and be done with it." But with what dire results! Now, fortunately, the majority of mothers are beginning to realize that all communicable diseases are prevention. "But how; and what are the first symptoms?" one hears on all sides. What better way to reach the majority than by class-instruction, especially as it gives rise to much desirable discussion?

We all realize how essential it is to have the patient intelligently cared for in the absence of the nurse. It is surprising how few untrained women know how to apply even a simple fomentation. Suppose the doctor has ordered hot fomentations for a suppurating finger—on goes a messy bread-and-milk poultice! It is not infrequent to hear of a strained back "because when father was ill he was too heavy for me to lift"—when all she needed was to have been shown the knack of turning a patient. There is so much that can be taught by means of organized home-nursing classes; many can be reached in this way who could not have individual instruction, as the average nurse is far too busy.

Think of the confidence that can be instilled into the potential mother by the aid of Little Mothers' classes. How many bitter tears for the parent and injuries to the infant could be avoided when the young mother bathes her baby for the first time!

I find that a set course of lessons, with practical demonstration, given regularly, is of much more value than those given sporadically. Instructive work is such a worth-while phase of our life as Public Health Nurses that it should occupy a greater portion of our daily routine than it does at present. We are repaid many times for our trouble when statistics slowly but surely show a decline in physical defects and deaths which are well known to be so largely preventable.

MARGARET M. GRIFFIN, R.N.,
Errington, V.I.

COWICHAN HEALTH CENTRE.

I suppose most of us who are active in the field of Public Health are from time to time surprised and somewhat shocked at the ignorance still shown by many people of our work, our aims, and ideals; in short, our *raison d'être*. By many we are still looked upon simply as "the district nurse"—busy, no doubt, when there is much sickness about, but at other times probably leading a fairly easy life, waiting about for calls! They do not realize that we might be more consistently busy if we had no bedside-work at all, as then we should be able to arrive at a fuller and more regular programme of educational work. But the needs of the community in this respect have to be met, and, after all, the bedside visit has its uses from the educational standpoint too.

Of course, time and education are gradually changing this view-point, but what can be done to hasten the process? We do want the people to get hold of that idea "prevention." Too often, much too often still, do we hear the fond parent say: "When he's sick I'll take him to a doctor; that's soon enough"; and so we see the child gradually acquiring ill-health from defects unremedied, or the infant becoming an undernourished or rickety child through a faulty diet. However, we must not despair, but peg away and have patience. Publicity, and more publicity, is what we want—access into more and more homes.

This publicity is achieved to a large extent, of course, by talks to different groups, such as the Women's Institutes, the Parent-Teacher Associations, and student nurses; but then there are a great many people who belong to no organizations and never attend meetings of any kind and have no time for reading. These can only be reached by actually visiting them in their homes. Every new home to which we have access is a fresh opportunity. For this reason we like to visit as many parents of school-children as possible, even though there is no actual defect to bring to their notice. To every home where there is a young baby we have that never-failing "open sesame"—the scales! What mother can resist them? And then having weighed the baby and discussed its feeding, all sorts of little matters concerning the health of other members of

the family may be brought up, and we get a good chance to explain our work and what we aim at doing.

The value of the scales as a publicity agent was also brought home to us at the last fall fair in Duncan. We had an exhibit showing the three main branches of our work, and of these there is no doubt that the infant-welfare section proved the chief drawing-card. Here we had our baby-clinic scales, and a nurse present to weigh babies and give advice on their care to any mother who liked to avail herself of the opportunity, and to learn of our child-welfare service. We found many interested mothers and fathers and took the names and addresses of several new babies to be followed up.

And so, opportunities of getting the idea over to the people come to us in many different ways, and the great thing is for us to be always on the alert not to let any of them slip, for if much seed is sown, surely some will bear fruit.

M. CLAXTON, R.N.,
Duncan.

OLIVER, OKANAGAN FALLS, AND OSOYOOS DISTRICT.

Since the district was only opened on November 26th, 1928, there is very little to report. The area covered extends from Okanagan Falls southward through the fruit country at Oliver and on to Osoyoos, a distance of about 28 miles, including the Indian reserve 8 miles east of Oliver and scattered ranches at White and Green Lakes.

The roads are nearly all gravelled and passable most of the year, making transportation easier than in some districts. We get about in our new coupé, which is very comfortable.

The people are progressive and co-operative, and we also find the local physicians ready to help the work along.

The report of visits to the end of December 28th is as follows: Seven to schools and ninety-four to homes for interviews relating to the organization and in the interests of school and small children. There were twenty-five nursing visits, making a total of 126.

We have only made a start as yet, but the work and district promises to be interesting, there being plenty of opportunities for carrying out a general public-health programme. The people are asking for classes, such as first aid, etc. We hope to have activities of this kind started in the near future.

M. A. TWIDDY, R.N.

THE HOME SCHOOL VISIT, SAANICH.

The duties of a School Nurse are almost innumerable. Unless there is an adequate number of nurses in any one district, some part of her work is necessarily neglected.

The nurse must be present during the School Medical Officer's yearly examination of all the children. This is necessary for several reasons.

Parents are more inclined to object to the procedure if a nurse is not in attendance. Again, the nurse cannot have a complete knowledge of the physical condition of each child unless she sees the examination. This takes up a great deal of time.

Weighing and measuring, routine skin inspections, checking up infectious diseases by inspecting contacts daily and looking up absentees, making arrangements for those unable to pay for dental treatment, care of minor skin infections in the school, so that children may not lose unnecessary time for school, keeping adequate records; these and many others are the essential duties of a School Nurse.

What time, then, is left for home school visiting? It is very easy to send home notices concerning defects which the school doctor's examinations have shown, but of what use is it to find hundreds of defects year after year and not have the greater proportion of these corrected? Home school visiting is the only solution of this problem; because the necessity of this is not as urgent as keeping the school free of infections, the home school visiting is put off from day to day in the hope that more time may be available later.

Not one visit but two, three, or four may be necessary. Hope for correction of defects should not be given up as long as the child is at school, because sometimes the sixth or seventh visit will accomplish what has been apparently hopeless on former visits.

There are many reasons why parents need individual attention from the nurse before results are encouraging. The stumbling-block is very often lack of funds. The nurse can usually make some arrangements for such cases if the parents are willing to co-operate, but home-visiting is the only way to accomplish this.

Prejudice is perhaps the most difficult with which to deal. Here we not only have to wear down one set of ideas, but to build up others in their place. This is practically never successful on the first visit. In many cases faddists and quacks have reached the parents before the nurse. The problem is then increased tenfold.

There is also the indifferent parent. Many times we have found that the mother has completely forgotten what defects the physician has discovered. In the face of such indifference one visit is hopelessly inadequate. Often after two or three visits the objective is reached, and we feel that the time has been well spent.

In some cases, if we can point out for what reasons a certain defect should be corrected, we are successful. For instance, if we can convince the mother that infected tonsils or decayed teeth are the causes of repeated attacks of cervical adenitis or that frequent sties are the result of eye-strain, we have no difficulty in persuading her to have these corrected. Whereas a notice to the effect that glasses are needed is ignored unless the child complains that he cannot see.

The causes of malnutrition in a child can be discovered only by close questioning of the mother and investigation of the home conditions. Frequently one visit will correct all the trouble and a healthy, happy child is sufficient reward for the nurse's care.

During the home school visits we can often persuade the parents of the necessity of having their children immunized against smallpox and diphtheria, where a notice is absolutely ignored. Preventable infections are a blot on any community and it is largely due to the efforts of the Public Health Nurse that immunization can be carried on.

Home school visiting is so vitally important that it is better to neglect some other branch of the work if it is absolutely impossible to cover all the field.

ESTHER NADEN, R.N.

THE COWICHAN DENTAL CLINIC.

This short article is not to tell you the whys and wherefores of starting a dental clinic. It is merely to inform you how the Cowichan Dental Clinic is carried on and the need it fills in the district. Mrs. Moss, our President, was the originator and director of the scheme, which enabled Duncan and rural schools to have the services of the dentist at minimum charges.

Our clinic is carried on within the school itself. Usually the teachers' rest-room is the most convenient place to set up our dental chair and table. But in rural schools we are enthroned in the cloak-room amongst rubbers, gum boots, and coats; or, when the sun is shining, outside on the stoop.

On our first visit to the school, Dr. French, the school dentist, examines the children's teeth. The nurse fills out the cards, marking the defects, and the cost of the dental repair is added by the doctor himself. The dental cards are then explained to the children and sent home for the parent's signature. A week or so is allowed to elapse before the second visit in order that all the cards will have been returned. Then the actual work begins.

The children are very interested in the dental work. It is very gratifying to the nurse to find her sometimes languid listeners so enthusiastic and interested. The boys and girls themselves are very anxious to have their teeth attended to, but a few of the parents are not so co-operative. It often requires two or three home school visits, plus plenty of common-sense reasoning, before the parents will comply. After the consent of the parents it is plain sailing.

"Oh, for a stimulus to our health-teaching," is often the cry of our School Nurse. One answer to this cry seems to lie in the visits of the dentist and the doctor. These two visits tend to arouse the children to greater heights of interest and attention to health habits. Such visits are a boon to the School Nurse, who is for ever striving for the formation of these health habits in the young life of the school.

The large Duncan Consolidated School gathers its pupils on buses from a radius of 5 miles distant. Thus a very large area is under the services of our clinic. We, in the Cowichan Health Centre, are very interested in this phase of the work and very anxious to improve, if pos-

sible, its administration. We would appreciate any helpful suggestions along this line. Since the clinic's re-establishment in the last year it has proven to be of great use in the district and we think it is now firmly reinstated.

A. YATES, R.N.,
Cowichan Health Centre.

THE ORGANIZATION OF PUBLIC-HEALTH WORK IN THE KELOWNA RURAL DISTRICTS.

It is a most interesting, stimulating, and (may I add) somewhat alarming experience to be sent to develop all phases of public-health nursing in a territory of some 100 square miles; to be given the opportunity to "sell" public-health nursing to small rural communities, who perhaps have never thought about the matter, or, if they have thought, consider "nursing" to mean bedside care of the sick, and preventive work in general rather a waste of time and very unnecessary! But what a wonderful opportunity to till virgin soil and "make two blades of grass grow where none grew before!" And what satisfaction amid the stress and toil to see the work gradually develop under one's hand!

Kelowna rural districts consist of thirteen small farming communities, scattered over an area of some 100 square miles, each with its school and Board of School Trustees, with a total school population of some 600 school-children.

Six of the School Boards had expressed a desire to the Provincial Board of Health to have a School Nurse, and it was my duty also to visit all the other schools, and convince the ratepayers and School Boards of the value of the health service which could be rendered in their schools and in their community life in general.

On reviewing the total situation and planning a programme, there appeared to be six main avenues of approach. It would be necessary to enlist the sympathy and co-operation of the local physicians, the teachers in the schools, the mothers in the homes, the local women's organizations, the Boards of School Trustees, and the ratepayers at large.

The first step, therefore, was a personal call on each local physician, armed with a letter of introduction from the Provincial Board of Health. In this interview I endeavoured to explain just what I was planning to do, offered my services and co-operation, and asked for their sympathy and co-operation with the work. Here I had a most encouraging and kindly reception. This step is placed first because I feel that in any health scheme it is most important that the local physician should be in sympathy with the work, for they have the confidence of the public at large and have it in their power to greatly hinder or greatly assist the Health Nurse and Medical Officer of Health in their work.

The next step was a call on the Inspector of Schools, which also met with a very kind reception. He very kindly gave me letters of introduction to all the teachers, asking for their co-operation in the schools. These letters were invaluable; they gave the right note to the entry of the School

Nursing Service and secured the splendid co-operation of the teachers, without which the work is so much hindered and its effects neutralized.

So far for the schools, but how was the infant's and pre-school child-welfare programme to be promoted?

Most fortunately there were in four of my districts three local Women's Institutes and a Women's Club. A chat with some of the members and a letter to the secretary, asking for their help and interest, resulted in an invitation to speak on child-welfare work at the various monthly meetings. These opportunities were eagerly seized and the value of child-welfare work and clinics put before the members. Here I met with a most cordial reception and found the members much interested in the health service and willing to co-operate in the promotion of local well-baby and pre-school clinics. I have found that the Women's Institutes in any community are the most invaluable allies in the promotion of health-work in all its phases. It is often the institute which has sponsored the idea of a Health Nurse in the first place, and which holds out a welcoming and helpful hand to the nurse when she arrives.

The next step, of enlisting the sympathy of the mothers, was carried out by home-visiting to infant, pre-school, and school children and to the expectant mother. In a few cases of severe illness a practical demonstration of bedside nursing was given, but it is impossible in a large, widely scattered area, served by one nurse, to give a generalized nursing programme, because it interferes so much with the time that should be devoted to educative work in public health. Even so, the Health Nurse is often called in as a consultant in sickness and wins the confidence of the mother in this way, besides being invaluable to the local physician in the report which she is able to turn in to him. When visiting in the districts where the ratepayers in general did not want a School Nurse, I impressed upon the mothers that if they wished to keep the nursing service they must use their influence at the annual meetings of ratepayers. The results were quite good!

The fifth and sixth steps of enlisting the sympathy of the School Boards and of the ratepayers at large were perhaps the most difficult of all.

The school trustees are locally appointed and are guardians of the school finances, and also responsible for seeing that the provisions of the "School Health Act" are carried out in the schools. I have found that a personal visit when troubles crop up, or a round-table conference, explaining our methods and aims, and in which the advice and aid of the trustees is sought as health guardians, is an excellent way of obtaining co-operation and help.

A personal heart-to-heart talk will do more good than a dozen letters, and the trustees are quick to recognize the fact that the Health Nurse really cares for and is interested in the well-being of the children.

We have partly solved the problem of working with thirteen different School Boards by the formation of a Kelowna District Schools Health Association, to which each School Board is asked to appoint a member. This was made possible by the enthusiasm and interest of a public-spirited

citizen, Mr. E. O. MacGinnis, who voluntarily acted as secretary-treasurer and spent much time in organizing the association. To him we owe a great debt of thanks.

The association deals with the partial financing of the School Nursing Service on a *pro rata* basis for each school-child, and also acts as an advisory committee to which the nurse can bring her problems and give reports. At present our executive is working on the problem of a school dental clinic, a difficult problem for many reasons, chiefly monetary. To enlist the sympathy of the public in general takes time and education. An invitation to speak at the ratepayers' meetings was gladly accepted, but the only way to convince a community of the value of the work is by the results obtained.

I could not close a description of organizing public-health work in the Kelowna rural districts without a reference to the splendid co-operation of our full-time Medical Health Officer and School Medical Officer, Dr. G. A. Ootmar. To work hand in hand with a man of his wide experience in health-work is a privilege in itself, and without his appreciative co-operation very little could have been accomplished. And last, but not least, are the understanding and inspiring letters from the Provincial Board of Health, which always seem to come just at the right moment and are a veritable source of inspiration and comfort.

In spite of all criticism and difficulties, it is a joy to "carry on," for the field is so varied and interesting, the opportunities for service are countless, and there is great satisfaction in even a very partial demonstration of what can be done for the good of a community by the installation of a Public Health Nursing Service.

ANNE F. GRINDON, R.N.

ESQUIMALT RURAL NURSING SERVICE.

We all have our different views as to what a health centre should be and how one should be run, and in the hope that this will bring forth some discussion on the subject (probably at the Nurses' Annual Refresher Course), I would like to use the space allotted to me in the BULLETIN this year as a means to broadcast my views as to what a health centre should mean, and be.

In the first place, my ideal health centre should be exactly what its name implies; it should radiate health. There should be no suggestion of sickness in any shape or form attached to it. Its motto should be "prevention by education." It would be a real educational centre, where advice and information would be given, free, to people of all ages.

The "care of the sick" would, of course, still be a very important part of the work, but the real work of the health centre would be "the care of the well to prevent them from becoming sick."

This latter can only be accomplished through the medium of a well-organized health centre, with a well-trained, thoroughly experienced Public Health Nurse in charge, for it must be realized that a nurse with years of experience in the field has a strategic position for the detection

of mental and emotional difficulties, and through her daily experience learns to distinguish between modifiable and unmodifiable human material. There is so much that can be done along the lines of prevention—by education.

My ideal health centre should have its consulting-room, and a “professional” room where children’s teeth would be attended to regularly and where children of pre-school years could be brought by their mothers for regular examination and advice regarding proper feeding and the correction of any defects.

And the health centre could not be ideal without the services of a Medical Health Officer who would make every public-health problem a matter for public-health education, and public-health education a personal education for the people who contribute the funds.

“Three score years and ten” has been for generations the accepted term of the life of man. If one happens to live longer than that, as they occasionally do, he is made much of. The newspapers take the matter up and he is interviewed and asked to what he attributes his unusual longevity. And the reasons given all vary; as a matter of fact, they don’t know themselves—they are just *healthy*.

The average term of the life of man, as statistics prove, is far short of the accepted three score years and ten. But the Bible says: “And his days shall be an hundred and twenty years.” Then let us strive to give man his biblical quota, and let him have a century of life at least. And while we try to add years to his life, let us be sure to add life to his years and make them hale and vigorous.

Through my ideal health centre we should learn to live health, talk health, think health; publish health news in the right way, through the nurse, through the press, by the motion picture, the radio, slogan, and poster, or in any other way. We would *teach it*. Teach hygiene and have our centre a shining example. Teach the value of play and make the centre an example. Teach the value of happiness and the joy of helping to make others happy and make the health centre again an example. Teach the effect of smiles upon the health, and warn against anger and worry, and not only warn against, but do our best to alleviate the worry that most probably causes the anger. We would make the centre a place where people love to come, where they can bring their worries and get them off their chests; where children love to congregate, and where they may learn truths about themselves and life, and how to care for their precious bodies so that they may grow up to be healthy men and women. It is only by education in the matters of health that we shall be able to cut down the cost of the upkeep of our sanatoriums, hospitals, homes for the incurable, and mental hospitals, etc.

Through my health centre we should keep the people up to the times in regard to health teachings, by supplying health literature, holding meetings, giving health talks, organizing health pageants, teaching hygiene, health exercises, etc. Science may outstrip public knowledge, but hygiene remains to serve the people.

Some of these things I have mentioned I am able to do, but not nearly enough. Funds available do not allow a great deal of margin for improve-

ments. However, some day I hope to see my dream realized. In my district we do a good deal of educational work and I am strongly backed by the Women's Institutes and the Boards of School Trustees. Also I have a progressive committee and am confident of their help and support in any reasonable move. We shall continue to work with and for our public until public opinion is strong enough to back all practical, constructive health-building plans.

HELEN KELLY, R.N.,
Nurse in Charge.

VERNON.

About seven years ago the Women's Institute got behind a movement here to secure a District Nurse for the Vernon District. With the assistance of Dr. Young, a very able and experienced nurse was sent. Miss Payne came highly recommended and proved to be a very courageous and tireless worker. In a short time she had baby clinics and Little Mothers' League classes established and was giving health lectures whenever and wherever possible. She worked largely with the Women's Institute and visited outside districts under the auspices of the Women's Institutes. Miss Payne worked in this district for two years and when she left health nursing was well established.

Miss Dunbar was then engaged by the Board of School Trustees as School Nurse. Miss Dunbar did part of the district as well. At the end of the school-year her health failed and she was obliged to resign in June, 1924.

No attempt was made to get another nurse until the end of the fall term. The people had been insistent in their demand for another nurse in the schools. I was engaged as School Nurse in January, 1925, and have held that position up to the present time. Thanks to the excellent foundation established here by the nurses before me, I have had the best of co-operation between the school staff, School Board, and the parents.

A dental clinic was formed two years ago and is in operation. We hope to see a travelling dental clinic, or something similar, for the whole of the Okanagan Valley in the near future.

Baby clinics are held under the auspices of the Women's Institutes, and I also take charge of any baby clinics held at the Vernon Jubilee Hospital.

Home-nursing classes have been carried on for the past four years, at first with the adults as well, but now with the high-school girls only. This year we have two half-hour classes each week.

The School Nurse is also responsible for the teaching of health to all the grades in the public schools. The new text-books on health physiology and hygiene authorized for use in the public schools are excellent; the language is simple and the subjects are presented in a very interesting way. I have found the following additional books very useful: "The Land of Health," by Hallock and Winslow (published by Chas. E. Merrell Co., New York and Chicago), good for Grades III., IV., and V.; "The Most Wonderful House in the World," by Haviland (published by J. B.

Lippincott Co., London and Chicago); "Good Neighbors," by Haviland (published by J. B. Lippincott Co.); "Healthy Living," Books I. and II., by Winslow (published by Chas. E. Merrell Co., Chicago). These books have been a great help to me this year in teaching health to the lower grades.

Junior Red Cross groups have been organized for the past four years in Vernon schools. One of the best meetings that I have ever attended was held by one of the Junior Red Cross groups this month and was conducted by the children themselves.

On the whole, health-work in Vernon is progressing. We need a District Nurse and the Women's Institute hopes to be able to secure one for Vernon and surrounding districts this year.

I am indebted to the Provincial Board of Health for valuable assistance and encouragement in my work here.

E. MARTIN, R.N.

Vernon.

PUBLIC HEALTH IN NANAIMO.

The aim of all public-health nursing is education in obtaining and maintaining health. This past year there has been more emphasis on that most absorbing branch of public-health work—namely, child and infant welfare.

A list of the births in the district is now obtained monthly from the District Registrar and, general duties permitting, the first visit is made before the infant is a month old. So far there has been not only a hearty welcome for the nurse on her initial visit, but a cordial invitation to return. The advantages of the well-baby clinic are explained to the mother, who is urged to attend. If unable to do so, a monthly visit to the home keeps the nurse in touch with the progress of the infant. Getting the names of all babies from the Vital Statistics Department means contact with a greater number of mothers in their homes, the effect of which is showing in the increased number being enrolled in the well-baby clinic. Because it is through the clinic that the defects which are beginning are pointed out to the mother, advice is given, and then they are urged to consult their family physician for correction of these defects, it is important to maintain in many instances a newly aroused but keen interest.

Last fall, when the Indians returned from the hop-fields, a well-baby clinic was established at the Indian Mission. The mothers are very enthusiastic and strive earnestly to carry out the nurse's instructions. Beginning January, 1929, the entire reservation was placed under supervision of the nurse. The school now has routine inspection; the sanitation and general hygiene of the homes is being investigated; food problems everywhere to be solved; the pre-school child observed and the prenatal patient advised; and so with the application of these preventive measures the Indian tuberculosis menace is being attacked at the roots.

A. VERNA BECKLEY, R.N.

THE VALUE OF PRE-SCHOOL WORK.

In discussing welfare-work, one is prone to speak of infant-welfare work only. Many people think that when a child has reached the second or third year of life safely all the early dangers are past. They think, also, that if the mother has all the available help and information necessary for the weaning and the teething periods she will be quite capable of bringing the child to school age without mishap.

Let us look first at the home conditions of the pre-school child—the child between the ages of 2 and 6 years. Up to 2 years of age the child has been the most important individual in the household. If there is a Public Health Service in the district, the Public Health Nurse has visited it frequently. Its diet and habits have been regulated. Arriving at the age of 2, it is apparently a healthy, happy, normal child. In all probability a baby brother or sister makes its appearance about this time. The centre of interest promptly shifts. The nurse visits as formerly, concentrating now on the new infant. She may inquire about the health of the runabout and give him a cursory glance. Little intensive health-work is done on his behalf. The mother, unless some definite ailment is apparent, feeds him a general diet, clothes him, and puts him out to play.

The pre-school child of to-day is the school-child of to-morrow. A very large proportion of the beginners in a school are hampered by preventable, removable, or curable physical defects. These are defects which should have been observed and remedied during the pre-school years. Many of the dental troubles, tonsil and adenoid involvements, faulty eyesight, malnutrition, and other defects are due to incorrect health and dietary habits. Proper care in the pre-school years may greatly reduce not only the percentage of these defects, but also much of the permanent harm which may be done.

There are two main reasons why this preventive work should take place in the pre-school years: First, the cost; secondly, the permanent harm that may be done. The latter may also be reduced to dollars and cents. It is through the medium of the "last" that the general public may be most easily approached.

A child entering a school with a remedial defect is a constant source of expense. If it be a dental defect, time may be lost due to toothache, time for repair-work, or time and expense due to future complications. If it be a tonsil defect, loss may be due to general ill-health or repeated colds and tonsillitis. If visionary or auditory defects are present, loss of time may be only due to general retardation. Thus the teacher's time is wasted and the progress of the entire class is retarded by irregular attendance. The School Nurse and the School Medical Officer examine the child and discover the defect or defects. The nurse does all in her power to have the defects corrected. It does not mean as a rule one home school visit, but many home school visits and more time expended. Time is money.

The other reason for the removal of defects during the pre-school years is that much permanent harm may be done to the individual. Faulty eyesight which is neglected may become so aggravated that it will in later

years prohibit the individual from earning a livelihood—again a source of expense to the relatives or to the community. There are many defects which can be remedied easily or without surgical measures in the early years. Strabismus is a very important example of this.

A large proportion of the free patients in the public wards of the city hospitals are suffering from chronic heart or rheumatic conditions due to tonsil infections. Many of these could have been prevented in early childhood. They are now a community expense.

In order that the loss of time—pupils', teachers', and School Nurses'—and that the expense of the indigent patient may be avoided, let the pre-school-welfare work be as intensive as the infant-welfare work. It is not necessary that the pre-school child be seen every month. However, one visit will not be sufficient to convince the parent of the necessity for correction of defects. It is only the constant pressure of repeated visits that will bring results. Pre-school clinics with a capable physician in charge are invaluable. In a rural community these may be managed in conjunction with the infant-welfare clinics. Yearly or bi-yearly visits would be sufficient in the case of the normal pre-school child. Intensive follow-up work or repeated visits are necessary when defects are found or general care is unsatisfactory.

NORA HIGGS, R.N.,
Saanich.

HEALTH-WORK IN PORT ALBERNI.

As it has frequently been said, it is difficult to measure progress in public-health nursing. Perhaps a good gauge is the awakening of the interest of more individuals in the community, not only of those who have been helped in time of illness, but also of those who are in a position to guide the affairs of the district.

An encouraging milestone along the way of the health-work here is the well-baby clinic, starting this coming month, as soon as Meads' baby-scales arrive from Ontario. The clinics will be held in the lodge-rooms of the Order of the Moose twice monthly. The use of these convenient and comfortable rooms has been granted for a very small sum for each meeting.

From the interest shown by the mothers while discussing these clinics with them, we are looking forward to many opportunities to aid in the promotion of the health and in the development of at least some of the coming generation. As elsewhere, it is astonishing to note the number who do not realize the importance of breast-feeding, regular and proper feeding of infants, until it is carefully explained to them.

I think the infant-hygiene branch of the work is the most encouraging, as most of the mothers are keen for advice where the welfare of their babies is concerned.

It is gratifying to hear on some visits, "My neighbour told me to give the baby 'potatoes and gravy,' but I wouldn't until I asked you"; or, again, "I thought I should wean the baby, but I waited until I saw you." Such instances as these help one through a day that has its own problems.

The school-work is an accepted fact by an increasing number of parents. This is shown by advice asked for and co-operation given in regard to correction of defects and to the attention to the diet of their children.

Anti-goitre tablets have been given to Grades I. and II. twice weekly as a preventive measure. As they have only been given since last spring, it is too soon to quote their value in lessening of simple goitres. In giving them, opportunities are frequent for detecting infection and impressing the value of good health habits. The tablets are given in a series twice yearly as treatment to all pupils having enlargement of the thyroid. In most cases there is a marked improvement.

The Parent-Teachers' Association manifested its interest and co-operation by donating a large doll and other equipment for Little Mothers' League classes for Grade VIII. The layette was made by the pupils themselves. I do not think too much stress can be laid on the teaching of the essentials of infant-care in the impressionable early 'teens. Too often other interests take up all their attention after they leave school until long after the knowledge is required.

Intelligent interest has been shown by home-nursing classes, also by a first-aid class of a C.G.I.T. group. In this, as in all branches of the service, a great deal of credit for the progress made is due to the committee and a few more unselfish workers here.

While I realize there is much—very much—still to be done, I am hopeful of further progress in the future.

MARY E. GRIERSON, R.N.

LADYSMITH.

My short stay in Ladysmith has not seen anything very spectacular in the work. Public Health Nurses have to be satisfied with constant trifles in the way of effort and improvement. We alternately become cast down and encouraged, and in order to be happy in the work must be content to balance one with the other.

Ladysmith is just now passing through a time of depression. Anything new and causing expense cannot very well be suggested. We sincerely hope that the worst is over and that the city has a great future ahead of her.

The chief efforts of these months have been in connection with the dental clinic. Preliminary visits enabled me to make many contacts in the homes and served to interest the parents in the work of the clinic and their children's teeth in particular. Our dentist, Dr. Verchere, has been able to accomplish a great deal of good work since he started in January and there is much more to be done. The School Board has now a dental chair and the greater part of the work is done in the nurse's room. This makes it easier to deal with the bigger children, as getting them to the dental rooms is quite a problem nowadays. If the greater percentage of the children could be treated one year, quite a small amount of work would be necessary for the succeeding years. With the help of the Gov-

ernment grant, the fee that has been charged is about half-price. Unfortunately some of the parents cannot afford even this.

In this district we have a large percentage of foreigners, especially Finns. Visiting these people, I have been very much impressed with the beautiful cleanliness of the homes as well as the kindly welcome offered to the School Nurse. It is encouraging to hear that the health-teachings are carried home to the parents. These young Canadians understand the speech of their parents quite well, but as a rule answer in English. What a pity it is that some of them consider the language of their parents something to be ashamed of!

The health-teaching has proved very interesting and handkerchief drill with the first two grades most amusing. The teachers show great interest and have been most anxious to help.

With the co-operation of the art teacher—Miss Tranfield—we held a competition in health posters. The four upper grades did these as part of the school-work, and some very fine ones were completed and are now in the nurse's room, where they make quite a good show. A prize was given for boys and one for girls. The principal kindly lent his aid in the judging. So many fine ones were shown that we felt sorry there were no second prizes.

We were fortunate in having a visit from Dr. Lamb in January, when several patients and six school-children who were contacts were examined. The six contacts were all found to be free of disease, much to our joy.

We have started a branch of the Junior Red Cross and find it very interesting. The children enjoy the magazine very much. At present they are making scrap-books and preparing a portfolio to exchange with one from Durban. As this takes up a good deal of time, one of the teachers has agreed to help with this work.

The Little Mothers' League has been very interesting too. An older class of girls would be more suitable for a real mother-craft course, but the C.G.I.T. seems to be enough for them.

The lack of transportation has meant the curtailing of a great deal of the country work, but great kindness has been shown by the teachers with cars and many others on the roads.

At South Oyster the parents are very wide awake and much interested in all the health-teaching. It is reflected in the condition of the children who attend the small one-roomed school.

H. PETERS, R.N.

SCHOOL NURSING IN KELOWNA CITY SCHOOLS.

Kelowna is for many reasons a charming place in which to live and work. It is beautiful and has a pleasant climate and delightful people. The population is about 4,500 and most people are connected with some branch of the fruit industry.

I arrived in Kelowna not long before the great annual event, the fall fair. Mrs. Grindon, Public Health Nurse in the rural districts of Kelowna, and myself were asked to put on a health exhibit at the fair.

After due consideration we decided to stress two things: First, immunization against diphtheria by the use of toxoid; secondly, the need of a school dental clinic. In the spring of 1928, during a diphtheria epidemic, much valuable work was done by Mrs. Grindon and Dr. Ootmar, Medical Health Officer for the rural districts. Many children were Schick-tested and a number were immunized. It therefore seemed a golden opportunity to strike while the iron was hot and to place the idea of immunization before the public. Even the short time which I had then spent in the schools had been sufficient to show me the crying need for dental care. Mrs. Grindon's findings in the rural schools showed the same thing. We therefore seized the opportunity to stress this need also. In putting on the exhibit we were aided financially by the local and rural Women's Institutes and by the Kelowna school trustees. Local merchants were very generous in loaning us any articles we needed. For the immunization exhibit we had two model school-houses. One was closed due to diphtheria; the other open, with perfect attendance, because the pupils had been Schick-tested and immunized. Kewpie dolls were dressed to represent pupils and School Nurse. These, of course, attracted the attention of the children tremendously. Posters and literature further explained the idea. The dental exhibit consisted of a display of toothbrushes, food to build teeth, and a perfect set of teeth. This also was supplemented by posters and literature. In dressing the dolls and making the posters we had wonderful assistance from interested friends. Some of the posters were done by the school-children. The fair lasted for a day and a half, during which time either Mrs. Grindon or myself were with the exhibit ready to answer the numerous and varied questions of the public. The fair was opened by His Honour the Lieutenant-Governor and Miss Mackenzie. We were much gratified by the interest which they took in the health exhibit and by the many questions asked by Miss Mackenzie. About 1,200 pieces of literature were distributed. This came mostly from the Metropolitan Insurance Company. We feel that the time spent on the exhibit was time well spent, because it brought public-health work and some of its aims prominently to the notice of the general public.

My work in Kelowna up to the present time has consisted largely of school-work. Kelowna has five school buildings—the High School, the Manual Training building, and three Public School buildings. They are somewhat scattered, but are all within easy walking distance of each other. In these schools almost 1,000 children are being educated. This year there has been considerable crowding in the Public School and plans are already on foot for another new building. My office is in the newest and smallest of the Public School buildings. Here I keep my supplies and records. I have definite office-hours each day, when the children come to me for minor treatments and for permits to return to school after two or more days' absence.

The medical examination of the pupils by the school doctor was done this year immediately school opened. Since then it has been my aim to inspect every pupil once a month. These inspections have revealed the usual appalling number of dental defects and have made it very evident

that the solving of the dental problem is an urgent matter here. Quite a number of children with infected tonsils have been operated on during the past few months and many children are being treated for goitre. Systematic weighing of the children has been difficult this year, due to the lack of proper school scales. However, I am happy to be able to say that these have just now arrived. Underweight children have been encouraged to take pure cod-liver oil and have been supplied with sample bottles which one of the local drug-stores very kindly provided.

Every Monday morning I get from each teacher a list of absentees. Looking up absentees provides a good entrance to the home and can be combined with much good public-health work. I also make many other visits and the appreciative attitude of the parents makes these a pleasure. It takes a long time to make a few visits, as Kelowna is somewhat scattered and I have to walk everywhere I go. Accounting for every absentee, and seeing that each one has a permit from either a doctor or myself before returning to school, forms a fairly adequate check upon infectious diseases. Mumps has been most persistent this winter, but at the same time the number of cases has not been alarming. Contacts have been saved much loss of time by being allowed to come to school during the non-infectious period of incubation, and then excluded for a definite time according to the Government regulations. This method would not be possible without close supervision. Whooping-cough has been kept in check, children with suspicious coughs being excluded until a definite diagnosis could be made. We are at the present time doing our utmost to prevent the spread of measles.

The educational side of my work occupies a good deal of time, as there are twenty classes in the Public School and every class receives a health talk once a week. The High School unfortunately can find no time for health-work. I take up a definite subject with each class every month and try to present it from various angles. I use the story-telling method in the lower grades, and some of the teachers have shown splendid co-operation in the making of posters and health-books. The distribution of literature is a help in all the grades. The results of health-teaching are especially gratifying among the younger children, who are still at the habit-forming age. Personally, I often feel very much at a loss as to how to teach health, and I would give a great deal to have some more definite knowledge of teaching methods. I feel that teaching is an important part of our work for which we are ill-prepared. One thing which is a great help to me is the health magazine *Hygeia*. It is full of practical knowledge and helpful ideas. The descriptions of the health projects worked out in the schools of Newton, Massachusetts, are a source of inspiration.

My first Little Mothers' League class is now almost over. The members have been keen and enthusiastic. Many other "little mothers" are now anxious to take the course.

This year Junior Red Cross has been organized in Kelowna Public School. Very fortunately Miss Hodge, Director of Junior Red Cross, visited Kelowna soon after the opening of school. She gave an inspiring talk in every room in the school and aroused the interest of the children. Many of the classes have formed branches.

The platoon system, which we have in the upper grades here, makes it difficult to hold meetings, as the pupils have comparatively little time in their own room and with their own teacher. In December the members sold \$10 worth of the tuberculosis seals. At the Christmas concert some of the sixth grade children put on a health play, which went over very well. In one of the primary grades the children are using their Red Cross money to buy a mid-morning drink of milk for a little T.B. suspect in their room. It is a pleasure to watch the improvement in this little person. I find the Junior Red Cross in every way a help to public-health work.

Early last fall Dr. Scott-Moncrieff, ear, eye, nose, and throat specialist from Victoria, held a clinic here. Two school-children and several pre-school children attended the clinic. Later we had the advantage of Dr. Lamb's chest clinic. I referred eight children to this clinic. Of these, two proved to be suspects. One boy is remaining away from school until Dr. Lamb comes again. This child is showing marked improvement.

Plans are now under way for starting a baby clinic in Kelowna with the help and co-operation of the Women's Institute.

Six months of work in Kelowna now lies behind me. Whatever has been accomplished is due to the kindness, sympathy, and co-operation which I have received from the school trustees, teachers, doctors, and parents. Dr. Knox, Medical Health Officer for Kelowna, has been a never-failing source of help and encouragement.

Last, but not least, come letters from the Provincial Board of Health, always full of hope and cheer, and always bringing to the fore the great aims for which we are all working, but which, so easily, become lost in the petty vexations of every-day life.

FRANCES LYNE, R.N.

PUBLIC-HEALTH WORK IN KAMLOOPS.

The subject of public health is an ever-increasing study and interest. One wonders sometimes how much the average public knows about this subject. Certainly of late years it has been given a great deal more publicity. There is still much needed. Those interested in this work have a wonderful scope and every opportunity should be taken to educate the public mind. This can be done in many ways—articles, public-health lectures, and also in our schools.

The children will take home and present to their parents more than any Public Health Nurse would dare. We should teach these children the real meaning of hygiene and prevention of disease and the great value of health. Children love anatomy and hygiene. Naturally they have been curious heretofore to understand many problems. It is their right to treat them as intelligent beings and to give them the credit of reasoning powers. It is just wonderful to watch and try to understand the psychology of the child's mind. They are so ready and willing to absorb. One might liken their unfolding to that of a flower. How full of wonder

and trust! How vastly important, then, is the matter of teaching. It certainly makes us feel we must present the truth in a clear and understanding manner, always giving the best we can offer, always creating an atmosphere of definite and positive thinking.

The Junior Red Cross Society here has a wonderful opportunity. I am delighted to say that I have organized five groups in one of our schools—Grades II., III., IV., V., and also the girls of Grades VI., VII., and VIII. They are all very keenly interested. It is a great aid to our health-work. We have health competitions, health plays, musical appreciation afternoons, etc. The older girls meet once a week. At present they are making their caps and aprons, which they will wear later at all of their meetings. We have our business meeting monthly. It is just wonderful the dignity with which these meetings are conducted. We are most fortunate in having Miss Lawrence, a teacher who gives much time to teaching them the pros and cons and the art of committee meetings; also Miss Stocks, who helps us with the sewing. I am giving the girls Little Mother League talks. Later we intend working for a bazaar and will join forces from the five groups. We hope to hold it about the end of May in the Lloyd George School. All the proceeds will be devoted towards paying for a baby we have sent to the Queen Alexandra Solarium from Kamloops.

We were all delighted to have a visit from Miss Meta Hodge last autumn. She gave many interesting talks to the children and certainly left a wonderful impression.

The usual routine school-work is done, including hygiene lessons given weekly to Grades VII. and VIII. of the Lloyd George School. A course of these lessons was also given to First-year High School before Christmas. By these means one feels that one is really getting in touch with the child, who is the real missionary of health. They in their turn take it into their homes. So through the mouths of babes, as it were, we will teach the parents. We also train the young mind to think in a positive and definite direction. The more positive our attitude of mind towards health the happier and healthier we must be. I gave a course of public-health lectures to the parents.

The well-baby clinic is always a joy to attend. We have many young, interested mothers who bring their beautiful babies to us regularly for advice. Last year we held twenty-one clinics, with an average attendance of 15.25 at each clinic. I made many home visits to these mothers. It is the kindness of the Red Cross Society that makes these well-baby clinics possible. We are now delighted to report a new step forward. This year we have organized a prenatal clinic. This will be held twice a month. Expectant mothers will be given private interviews. General hygiene advice will be given, including the teaching of the handling, bathing, and making a cot for baby; urine will be tested and the mother advised to engage her medical doctor. We have already had a very nice baby's basket crib given us by a grateful mother. So we hope to get more in touch with the young expectant mother who needs so much teaching. As Sir Truby King said in his address to the Canadian Club in Vancouver last July, "The country's greatest asset is the mother; the

country's best immigrant is the baby." It was indeed a great privilege to hear his most soul-inspiring address. Quoting him further: "A great deal is said these days of forest-protection from fire, etc., and rightly so. How much more, then, should we value the lives of our mothers and babies, and these children who so soon will be the citizens of the world."

OLIVE M. GARROOD, R.N.

PUBLIC-HEALTH NURSING IN KEREMEOS.

Keremeos, from the public-health standpoint, has passed through a quiet and rather uneventful year. Except for our old friend, the "Common Cold," who behaved very badly during the month of January, a number of flu cases of a fairly mild character, and a pneumonia or two, there have been no infectious diseases for almost two years now. A case of infantile paralysis in a town about 48 miles away gave us a most uncomfortable feeling for a few days. Also a case of mumps, who refused to take himself seriously, nearly caused trouble until he was frightened into submission with the aid of the policeman.

This district is particularly fortunate in its Medical Officer of Health. Not only is he a splendid surgeon and physician, but a keen public-health man as well. During last May and June almost every child in the district underwent a careful and very thorough examination at his hands. With the aid of the Women's Institute, three clinics were held in Keremeos and one in Cawston, each clinic taking children of a different age.

The doctor was tremendously impressed with the babies, about his only criticism being that most of them were overweight. The pre-school children were also found to be above the average. In fact, taking the children as a whole, they are remarkably healthy.

We have always looked forward so keenly to a visit from Dr. Lamb, but look how I would, I couldn't find a single excuse amongst the school-children for asking him to come here. There are underweights, but with one or two exceptions all these make a steady gain. I have followed the plan learned in the Vancouver schools and do not count a child underweight unless it is 10 per cent. below average. According to this scale, I have only 16 per cent. underweight.

In the fall we made a raid on some of the tonsils, getting rid of many old offenders. It was not deemed advisable to hold a clinic in an ordinary dwelling, so I took the children two by two in my own little car up to Hedley Hospital, bringing them back the same day. This certainly took time, but the beautiful clean throats which have resulted from having this operation performed where there was better lighting and a suction apparatus more than justified the extra time and trouble.

About 33 per cent. of the children have a slight enlargement of the thyroid gland, but there isn't a single pupil in the schools showing symptoms of a toxic goitre. The continuous use of iodized salts seems to be a great factor in its prevention.

Teeth, on the whole, are good and the children and parents interested in keeping them in good repair. We have an excellent dentist in town and it is with great satisfaction that I look at his work each month. This month I took real pleasure in marking 43 per cent. of the pupils "O.K." for permanent teeth; a few of these children still need some work on temporary teeth, but a great many more will have "O.K." for teeth before the summer holidays.

In writing my small contribution to the BULLETIN, I am just a little puzzled as to whether the article is from the nurse or from the district, so before closing I would like to say one little word for myself. I am leaving the service soon, but before I go I'd like to put in a special prayer for a supervisor. Not a person who would look too closely at my bag; it is never very tidy and full of all sorts of odds and ends; nor one who would frown upon my winter "uniform," but some one who would come along once in a while and help me growl or gloat, as the case might be. We lone nurses in the far-off districts do so desperately need some one to talk "shop" to occasionally.

KATHLEEN SNOWDEN, R.N.

CO-OPERATION.

It has been proved that co-operation is the greatest factor in the success of any public-health undertaking. Especially is it so in the control of communicable disease. There must be co-operation of teacher, nurse, parent, and doctor. There must be a public-health conscience developed in all responsible persons. The parent who sends a child to school knowing he is developing a communicable disease, for the purpose of finding whether it will be detected or not, is sadly in need of the development of such a conscience.

We have in this district a marked example of the lack of a public-health conscience. Since June, 1928, we have been having an epidemic of one of the so-called diseases of childhood—mumps. It is still thriving and will continue to do so until every person who can have the disease has had it. Why? There are many reasons. One is people believe it is such a slight thing that it is just as well to have it and get it over. We have been shown during the last two or three months that this trifling disease can cause most disastrous after-effects. Also cases and contacts excluded from school are allowed unlimited freedom. It is no uncommon occurrence to be sitting in the darkened theatre and find when the lights are turned up that one's neighbour on the right has a swollen neck. Again many cases have been diagnosed as "swollen glands," but, curious as it may seem, contacts have developed "swollen glands" on the eighteenth and nineteenth day.

What a pity it is that having one disease does not protect one from all others.

NORAH E. ARMSTRONG, R.N.,

Nanaimo.

TUBERCULOSIS-WORK IN BRITISH COLUMBIA.

It is difficult to know where to begin an article of this kind, but it seems to me in order to first give a short explanation or history of the three chief agencies at work: First, the Provincial Travelling Health Officer; second, the Tranquille Tuberculosis Society; third, the Christmas seal.

The Provincial Travelling Health Officer.—In 1923 Dr. A. S. Lamb, who is a tuberculosis specialist, was appointed Provincial Travelling Health Officer by the Provincial Government to travel over British Columbia, holding consultations or clinics with the doctors and assist them in diagnosing and arranging for treatment of tuberculosis patients. This work he is still doing.

The Tranquille Tuberculosis Society.—Some little time before 1923 this society was formed by a group of ex-Tranquille Sanatorium patients. At that time their efforts were chiefly the welfare of the Sanatorium patients. They took over *The Tranquillian*, a paper then being published at the Sanatorium, and funds were raised mainly through subscriptions and advertisements. This money was spent in various ways, possibly the greatest single expenditure being the installation of an excellent radio with head-phones to each bed in the Sanatorium.

The Board of Directors are a group who are intensely interested in the tuberculosis problem from the patients' welfare point of view as well as that of public health, and felt the growing need of discharged Sanatorium patients and their families keeping in touch with a tuberculosis specialist, as well as the need of finding new cases of tuberculosis in as early a state as possible. In order to raise additional funds for this extra work they undertook to sell the Christmas seal.

The Christmas Seal.—The Christmas seal originated in Denmark. A postal clerk, Einar Holboell, was engaged in sorting Christmas mail. Each letter and parcel bore a Government stamp; the stamp cost but little and the purchaser was willing to pay to have his messages carried through the mail. It occurred to Einar Holboell that each letter and package might carry another stamp which would be sold for the benefit of a hospital for tuberculosis children. When the next Christmas came, the Danish mail was helping to start a health message which from that time has travelled through all the post-offices in the land at Christmas-time.

In 1907 the story of the Danish seal was written up in *The Outlook* and was adopted in America for the first time to raise funds for tuberculosis-work. The next year the American Red Cross carried on the enterprise on a nation-wide basis and in 1910 made arrangements with the National Tuberculosis Association to manage the sale. Until 1919 these two organizations worked together. The Red Cross then withdrew and the National Tuberculosis Association, with the help of its affiliated State and local associations, carried on the sale, and the seal has borne the official emblem of the association, the double-barred cross.

The Canadian Tuberculosis Association procures its seals from the National Tuberculosis Association, and in turn each local society procures

theirs from the Canadian Tuberculosis Association, returning a certain percentage of the money obtained to pay for the seals, etc.; the rest of the proceeds go to carrying on tuberculosis-work in their own Province or locality.

In the fall of 1928 the Tranquille Tuberculosis Society decided to use the funds obtained from the sale of the Christmas seals in providing a portable X-ray and a nurse to travel with Dr. Lamb and assist him in his work. Accordingly, in October, 1928, a nurse was put in the field, and in January of this year a portable X-ray was purchased.

Dr. Lamb and his work you are all familiar with. The X-ray is a wonderful help in clearing up the diagnosis in obscure and early cases of tuberculosis. The work of the nurse is more difficult to explain. Her aim is to:—

Keep in touch with the patients at Tranquille and with their families at home.

To assist Dr. Lamb at his clinics, take the X-rays, and do the records.

To arrange for the examination of contacts and suspects at regular intervals.

To help arrange for treatment at the Sanatorium, or at home when necessary.

To get in touch with Public Health Nurses and solicit their aid in finding cases of tuberculosis and looking after them when diagnosed.

To arrange for the necessary supplies, such as sputum-boxes and refills to be given to patients who remain at home or are discharged from the Sanatorium.

Notices are sent to all doctors and Public Health Nurses advising them of the date the next clinic will be held in their locality. If you have cases you would like Dr. Lamb to examine, he would prefer to have the family doctor notified and his consent obtained. However, if there is no family physician and the patient is in such circumstances as to be unable to afford one, they may be sent in without.

It is the wish of this travelling tuberculosis clinic to co-operate with and have the co-operation of all the doctors and nurses throughout British Columbia, and to solicit their help in the fight against tuberculosis.

JOSEPHINE B. PETERS, R.N.,
Tuberculosis Division, Provincial Board of Health.

SCHOOL-WORK IN FERNIE.

Another year has passed with all its ups and downs, and I am optimist enough to claim that it has been a fruitful year, in spite of the fact that so much of what I planned and hoped to do still remains undone.

In order to accomplish any good in life it is always necessary to look ahead and plan carefully, but, after all, meeting each day's emergencies and needs takes up most of our time, and the ideal programme is like the "Rainbow's End."

As service is our key-note we must give it where it is most needed, and this year I have enjoyed so much breaking trail and exploring new fields of endeavour.

I have conducted child-hygiene and hygiene and health classes in six grades—from seventh to tenth—in co-operation with the Home Economics Department. The girls all take a very keen interest in the talks and demonstrations, and practically all of them did well in their final tests. I have been able to give talks to the boys from these grades in the Manual Training Department, and they are keenly interested, especially when I use the large health posters loaned by the Provincial Health Department.

Our dental crusade has borne good fruit and the use of the toothbrush is much more in evidence. Even in the receiving classes the children can discuss intelligently the use of the handkerchief and the teachers take up the drills with them.

This year two of our little ones have been taken in at the Solarium, and we are hoping to have two more leave shortly.

We had a very interesting and worth-while clinic when Dr. Lamb was with us, and we hope that, as these clinics continue, the interest of the community in tuberculosis-prevention will be more keenly and intelligently stimulated. Dr. Lamb addressed the high-school students and his remarks made a keen impression upon them, and I hope will bear much-needed fruit.

The school staff are splendid in co-operation and most of them are up-to-date enough to realize that health is the real foundation of education.

The hospital, the doctors, the dentists, and School Board at all times give most cordial response to any call for assistance, and I feel more and more, as time goes on, that I am getting the hearty co-operation of the parents.

No matter how much one does, there always seems so much more that one should do, but, as "Rome was not built in a day," I suppose the only thing a Public Health Nurse can do in the face of all discouragements and difficulties is to—

Jist grit her teeth,
An' keep on keepin' on.

WINIFRED SEYMOUR, R.N.

PERSONALS.

Miss S. A. Hewertson, Superintendent of Nurses at the Saanich Health Centre, resigned her position in July, 1928, and has returned to Manchester to take up her former duties there. Miss E. Naden was appointed Acting-Superintendent until further arrangements could be made.

Miss Frances Lyne was transferred from Saanich to Kelowna in September, where she is doing school-work. Miss Myrtle Harvey, Nursing '28, U.B.C., has taken Miss Lyne's place.

Miss M. Johnston, '28, U.B.C., was appointed to relieve on the staff of the Saanich Health Centre in December, 1928, due to the ill-health of first one and then another of the nurses. She has since become a permanent member of the staff.

We regret to announce the receipt of the resignation of Miss M. Thatcher, of Duncan. We regret to have to note this as Miss Thatcher has been a very valuable member of our staff. Miss Thatcher expresses her regret that circumstances over which she has no control have compelled her to sever her connection with the public-health nursing work in British Columbia. Miss Blanche Mitchell takes her place. Miss Mitchell has had varied experience, having taught school for two years; Arts Course, University of Alberta, two years; one year in teaching and administration, University of British Columbia; and public-health training in the University of Washington.

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A CHALLENGE.

"What a man wills to do, modified by what he can't do, is what he ought to do."—Southard.

ORDINARILY, this BULLETIN has gone to press and is ready for distribution before the annual Refresher Course takes place. Perhaps it is a fortunate coincidence that it has been delayed this year, so that an opportunity is provided to catch again a gleam of the enthusiasm and stimulation that surrounded the sessions of this year's institute.

Do you recall the last illustration Miss Jones employed? One man was making "five dollars a day." The second was making his particular piece of work, "according to specifications." But the third was "helping to build a cathedral." To every one of us comes the challenge, "What are *you* making?" The accumulated reports from all our nurses scattered, for the most part, in isolated parts of the Province indicate that real progress is being made.

The life of the rural Public Health Nurse is seldom a bed of roses. There are so many disadvantages that those of us, who have been brought up in cities, particularly, find facing us in our isolated tasks. The indifference of the great mass of the people; the difficulty of securing treatment for patients and correction of defects in school-children; the long distances to travel on good, fair, and poor roads; the frequent lack of suitable living-quarters; the limited recreational and educational facilities—all these tend to dispel the roseate clouds from before our eyes and to reduce our tasks to humdrum affairs.

But what compensations for a job well done! Perhaps, if we interpret the outlook of the residents of the rural community in the terms of their disadvantages, we would find the reason for their apathy and distrust at first; for their cordiality and neighbourliness when they understand our mission among them. And if the nurse will lead the way, an increasing range of activity inevitably opens before the whole community. The "cathedral" that will be built will be an intangible building, having its being in the increased health, happiness, and welfare of the peoples among whom we work.

Let us all look forward, then, with high hopes for this coming year, aiming high, yet realizing our limitations. The challenge is ours. Next year's BULLETIN should contain a picture of how we have met it.

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GREETINGS.

It is a great pleasure to have this opportunity of sending a message of greeting to the Provincial Health Nurses.

To any nurse who has played a part in the training of student nurses, it is a great satisfaction to see how her graduates are measuring up to their responsibilities. Perhaps few people give thought as to how great these responsibilities are, but when one considers the functions of the Public Health Nurse in a district—as teacher, counsellor, nurse, and friend—to what other woman is such opportunity given, and from whom is so much exacted? In time of national emergency or disaster the appeal for the soldier, the engineer, the doctor, or the nurse is promptly answered. The imagination is caught by the spectacular piece of work to be done, and public recognition is readily accorded those who so promptly answer the call. We admire the courage and the initiative displayed. In the calls of the every-day life of a Public Health Nurse, and especially in a new district, the demands are not so spectacular, but they make an equal demand upon the courage and resourcefulness of the nurse, and they also call for great patience and perseverance. It is a source of great satisfaction to see the admirable way in which the younger women are meeting the call, and how faithfully the more experienced nurses are meeting the ever-growing needs of their communities.

With very best wishes for the steady extension of the public-health programme in British Columbia.

MABEL F. GRAY, R.N.,
The University of British Columbia.

THE REFRESHER COURSE FOR PUBLIC HEALTH NURSES.

The annual Refresher Course for Public Health Nurses was held in the lecture-room of the Vancouver General Hospital, March 13th, 14th, and 15th, 1930. Registration this year exceeded all previous records, there being 127 persons enrolled.

The special feature of the Refresher Course was an institute dealing with various phases of maternal welfare-work conducted by Miss Anita M. Jones, B.S., Assistant Director of the Maternity Centre Association.

Miss Jones opened the institute with a discussion of maternity care in general. She outlined the aims of the service as including: (1) The minimum of physical and mental discomfort to the mother; (2) the maximum of physical and mental well-being to the mother; (3) the reward of a healthy baby.

The preparation of the average nurse does not fit her to render the kind of service that will achieve her aims. In the average hospital the nurse's first acquaintance with the patient is at the very end of the pregnancy. The nurse must secure further knowledge of the care necessary during the prenatal period; of the psychology of the mothers they are to care for; of the necessity for early medical supervision. The

added skills accompanied by an intimate knowledge of her community will increase the nurse's usefulness an hundredfold.

The maternal mortality-rate cannot be taken as the only indication of the success of a maternity programme. It is one factor, but many other things—the increased health of the family as a whole, the confidence of the community in the nurse—these and many other things help the nurse to measure the results of her work and to evaluate her programme.

Miss Jones stressed the importance of the nurse discovering new cases herself instead of waiting for them to be referred to her. This is a difficult part of the programme. It requires tact, skill, endless patience, sympathy, and understanding. These are familiar attributes which we expect all nurses to have, but which are possessed in varying degrees even by the best.

The second day of the institute was devoted to the problem of group discussions—mothers' clubs, etc. The plan for conducting these classes was outlined, showing demonstration material and equipment.

Since the mother is the child's first teacher, and since the habits that will govern the whole life of the individual are started in the first year, the importance of child-guidance and the formation of desirable habits must be stressed by the nurse in her instructions to the mother. These things can best be taught before the infant arrives. It is less difficult to prevent an undesirable habit forming than it is to break it once it has become firmly established.

Miss Margaret Duffield, Supervisor of the Vancouver District Victorian Order of Nurses, presented a paper outlining the function of the V.O.N. in combating the incidence of puerperal septicæmia. When we realize that in Canada approximately 30 per cent. of the maternal deaths can be attributed to that cause, an idea of the seriousness of the problem can be obtained.

Dr. J. W. McIntosh delivered a very able address on "Health Insurance." He outlined the history of the movement; the distribution of the cost; the benefits that would accrue to the employer, the employee, the physician, and the nurse.

Dr. Chisholm, Provincial Epidemiologist, presented a study of the place of the Public Health Nurse in epidemiology. He traced her value in preventing typhoid, smallpox, diphtheria, etc.; campaigns to get all the children protected against diphtheria and smallpox by inoculation and vaccination are the responsibility of the nurse working with the Local Health Officer.

At the round-table discussion on Saturday morning, Miss Winifred Green, who trained as a Plunket nurse in New Zealand, presented a review of the work of the Plunket nurses. Miss A. M. Roberts, who lately arrived from England to inaugurate a nursing service in the Peace River, outlined the position of nurses under the Central Midwives' Board.

Considerable interest was displayed in the matter of superannuation. It was pointed out that the Provincial Public Health Nurses all receive

some part of their salary from the Department, and it was therefore hoped arrangements could be made whereby nurses would be eligible for the privileges of superannuation.

Transportation problems were discussed under the headings of the nurse-owned and the association-owned car. The majority of those present seemed to feel the latter provision was more satisfactory. A resolution was proposed to the effect that in districts where the local nursing organization did not provide a car, and where the nurse purchased her own car, it should be conceded that she was able to render greater and better service by reason of the saving of travel-time and the enlarging of the area to be covered. Under these circumstances the local board should take into account the character of roads to be travelled in determining the allowance to be made toward maintenance. In addition, it was felt, a reasonable allowance should be made to cover a share of the depreciation and the cost of insurance.

MARGARET E. KERR, R.N.

OLIVER, OKANAGAN FALLS, AND OSOYOOS.

We have just passed the first birthday of this branch and the report shows quite a volume of work done when we consider that the foundation of any work must be slowly and carefully laid in order to have good results. It is impossible to measure results by figures to any extent in one year, for we have no previous records with which to compare.

The first two months were largely spent in getting acquainted with the people and learning the way about the district to ascertain the needs, as these must be known in order to form the programme that suits the community.

The district takes in the area from Okanagan Falls to Osoyoos, with scattered ranches and the Inkaneep Indian Reserve. This settlement, with Oliver as its centre, is the result of the Southern Okanagan Irrigation Project, which was developed for the benefit of returned soldiers, and the greater part of our settlers are returned men who are developing fruit-ranches and thus changing a semi-desert into a fruitful valley.

A new coupé was provided as means of transportation. We plan to visit each school twice a month, these visits totalling 145 in the year. There were 229 visits to homes in the interests of school-children. They are inspected for cleanliness, signs of infectious disease, and are weighed and measured. Those who are over 7 per cent. are given special instruction in health habits and a graph on which the weight is marked each month. The children in this way become more interested in following the rules that will make their line rise to the normal. Three children had tonsils removed and four were fitted with glasses. Nine completed dental corrections.

Instruction in mothercraft was given to forty-five girls in four groups, home-nursing to one group, and first aid to two groups (17 boys). Including ten discussions with women on nutrition and diets, seventy-nine sessions in all were held for class-work.

In May a weighing-day was held for babies and small children and the nineteen mothers present heard the play "Taking Care of Baby" given by one of the groups. The fifteen girls of the group were afterwards presented with certificates and pins by Miss McMann, the Western Supervisor of the Victorian Order of Nurses. They had by that demonstration and by written examination shown that they know many things about taking care of a baby.

Thirty cases of illness received 194 nursing visits and 14 expectant mothers received 62 visits; 243 visits were made in the interests of babies and small children and 816 other instructive and co-operative visits were made; the total for the year being 1,544 visits.

Eight night calls were answered and twenty-six conferences in office were held. Fourteen meetings were attended and three addressed.

The work among the Indians has been mostly instructive, teaching them better ways of living, for with them, as ourselves, good hygiene and sanitation has a great deal to do with their success in maintaining health and battling disease. We think it is a step in the right direction that the Indian Department is providing this service, for it will not only improve their conditions, but will help to safeguard white people with whom they mingle. Tuberculosis in one case has apparently been arrested by improved methods of living. The children in the school have responded to health-teaching quite satisfactorily.

We appreciate very much the co-operation of the doctors of the district, the Women's Institutes, and the Board of Directors, whose combined and untiring efforts have made this work possible.

Knowing the spirit of the people for "seeing it through" and for co-operating in anything they undertake, I have no fears for the success of the coming year. With an objective of fencing out or exterminating, if he does enter, the "codling-moth of disease" which is likely to enter as the community grows, let us all get together and keep our spraying-machines ready.

M. A. TWIDDY, R.N.

ESQUIMALT RURAL NURSING SERVICE.

We are asked this year to write something along the lines of comparison in regard to present conditions in our district and what they were when we came here. We must, to get a comprehensive comparison, take some of the various branches of the work separately.

Take the school-work, for instance. In the first place, when public health was first organized in these districts, the nurse was looked upon as more or less of an interloper. Her presence in the schools was resented, sometimes by the teachers, often by the school trustees, occasionally by the children themselves, and also by some of the parents. The idea was strong in many minds that the nurse went into the school solely for the purpose of finding out "what was wrong"—looking for trouble, in other words. Her home-school visits were received in various degrees of

resentment—with just enough of the other kind to make it worth while carrying on. Sometimes merely with toleration. A few were pleased and anxious to take advantage of the nurse's visit and to learn what they could from it.

The usual question put to the child who went running home from school with the news that "Nurse was at school to-day" was, "Why, who was sick?" or "What was wrong?" Now, when a child goes home from school and mentions the fact that nurse was at school to-day, mother invariably asks, "And what did she teach you to-day?" So much for the change in trend of thought. Also, to-day, when the nurse goes into the homes, whether it be a home-school visit, or a welfare visit, or a social visit, there is always—or in most cases—a warm welcome awaiting her.

The number of roadside and telephone consultations on her monthly report testify to the confidence now placed in the nurse by the people and the value with which her advice and judgment is regarded. So, by way of comparison, from practically asking to be allowed to advise in cases where it was necessary, we now show hundreds—in fact, in the thousands—of roadside and telephone consultations during the year, sought by the people.

At our first dental clinic over eighty children received treatment; in some cases conditions were so bad that a great deal of time and work was necessary to put the mouths of the children in condition. We held two big clinics a year for the first three or four years. In comparison, the number of children attending the clinics the past year or two has been reduced to about thirty-five. We have one thorough examination a year by the dentist and a monthly examination by the nurse, and we are proud of the report of the School Medical Inspector with regard to the children's teeth.

Before the advent of the public-health nursing system in our districts, the report of the medical Health Officer, as published by the Department of Health, showed many cases of various defects peculiar to childhood—namely, enlarged tonsils and adenoids, defective teeth, hearing, and eyesight, and various forms of malnutrition. This latter was not due in most cases to lack of sufficient *food*, but to lack of sufficient *proper* food—not in any way due to wilful neglect on the part of the parents, but due to the fact that they *did not know*. The parents were not educated then to the knowledge that a child, to grow up 100 per cent., must have a properly balanced diet and that certain health rules must be observed. Now, we are proud to see by that same annual report that our districts boast (with one or two exceptions, over which we have no control) a clean bill of health. Our children are a credit to their parents, to the district, their teachers, and the nurse. Come to our annual Child Health Day celebration on May Day and see for yourself.

Our reports of "nursing fees collected" show a steady decrease; and here, lest some one should get the wrong idea with regard to this and see a "falling-off of business and decreased revenue," etc., let me say that my committee takes the stand that it will not consider this association to

be functioning 100 per cent. until no nursing fees at all are collected, because then all sickness will have been stamped out and we shall have a perfectly healthy district. It is not impossible, and we think by that time that the people will be quite ready to substitute a little more voluntary subscription through one form or another for the lost revenue in nursing fees.

Schools used to be closed periodically on account of epidemics. Few people realize the financial loss sustained through the temporary closing of schools. It is long since any school in our district had to be closed.

But the most important comparison, in my estimation, that can be made is shown by the different attitude and outlook of the people themselves. At first the nurse (in any district) was looked upon—to say the least—as a necessary evil. It was only the few progressives who managed by much hard work and fighting to keep her there. To-day her advice is sought and the majority of the people are taking a real and keen interest in public health. They realize that better sanitation in our schools and elsewhere—public places, etc.—that the decrease in child mortality through infectious diseases, and the improved general health of the people are not due just to chance, but that it means something that is the result of years of study and work and striving on the part of those members of the medical profession who foresaw that preventive measures were the solution to the health problem.

In short, the majority of people have accepted the slogan “Prevention is better than cure” and have adopted it for their own. We still have a few of the old school with us—there will always be the few; but we must just look upon them as obstacles to overcome to add a little zest to the work. To offset them we have the splendid co-operation of parents, teachers, Boards of School Trustees, and that fine body, the Women’s Institutes. I think, personally, that the comparison between “then” and “now” is so great that it might almost be said *there is no comparison*.

HELEN KELLY, R.N.

PUBLIC-HEALTH WORK IN FERNIE.

In asking for a general review of our activities the Provincial Health Officer has made me, at least, put on my thinking-cap. I think that looking at things under separate headings might make for clarity of expression and undertaking.

Control of Infectious Diseases.—This is still a difficulty because so many of the people regard violation of the health laws as a very mild defection in comparison with the breaking of other laws, but here I do think conditions have improved, as, with the exception of a slight epidemic of mumps, we have had no other epidemics, and our system of school inspection overcomes most of the difficulties.

Dental Conditions.—When I came here the dental question was a deplorable one, but the dentists came bravely to the rescue, and during

two successive winters we gave each child a complete dental examination, using the card system, and the results certainly have been satisfactory. I sell toothbrushes in the schools and give frequent dental lectures, and I feel that in both cases the work is well worth while.

Home-school visits.—Through home-school visits the contact with the homes is an invaluable means of advising mothers regarding both school and pre-school children, and also prenatal care; and it is the best means of distributing literature. I have had great joy out of the kindly and courteous reception I have received from the people of my district while visiting in their homes.

Co-operation.—I have at all times had the heartiest co-operation from the school staff, School Board, doctors and dentists, hospitals and societies concerned in public welfare. Through association with the Children's Aid and Red Cross Societies I have been able to do some social-welfare work and have been instrumental in aiding and advising newcomers and families in distress.

Tuberculosis Clinic.—In co-operation with Dr. Lamb, our tuberculosis clinic work has been very interesting and I feel sure will be productive of much good in the future. I find the general attitude toward tuberculosis is not nearly so secretive as formerly.

Solarium.—My contact with the Solarium has been of very special interest to me and I have been instrumental in sending down five or six of our children for treatment. I also spent a day there last summer visiting the children and the staff, and knowing the place first hand has made it much easier to persuade the parents to let their children go.

Health Interest.—I have tried to teach health—not so much as “health for health's sake,” but health as an aid to efficiency and personal attractiveness, and the appeal seems much stronger presented in that way.

The children are very much interested in their weights and diets, and personal cleanliness, even under difficulties, is much more noticeable in the majority of cases.

During my first year I took health talks and literature about with me and scattered them broadcast on any kind of soil. I still do the same, more or less, but I find more and more that those really interested come to me and ask for it, and I feel that is a step in advance, as it shows that they are really interested. Many of the children come to me in my office for individual talks and often in small groups of four or six, and I feel that these talks perhaps do much more good than longer talks in class-rooms.

Organization.—Organization has never been my strong point, and I have hesitated about establishing clubs of any kind, as school lessons and church and home duties already take up so much time and energy, and leave so little time for outdoor exercise and sport. I feel that taking up more time for indoor classes and clubs defeats the very object of health-teaching, but, as the work enlarges, such things may seem more feasible.

Conclusion.—I feel that the public-health work in Fernie has progressed and will continue to progress. It has become a habit with

the people to make use of its facilities, and, in the school, my office most assuredly is the centre to which all the ills of the community gravitate, whether physical or otherwise, and I think that at all times the *service* has the confidence and appreciation of the public.

WINIFRED E. SEYMOUR, R.N.

THE SAANICH HEALTH CENTRE.

Since the publication of our last BULLETIN we have had more changes at the Saanich Health Centre.

Miss Nora Higgs resigned in May to take a position at the Vancouver General Hospital. She had been with us nearly two years and was greatly missed by all her friends in Saanich.

Miss Mary Henderson, Nursing '29, U.B.C., was on relief duty during June and became a permanent member of our staff in September.

We now have a staff composed of a full-time Medical Health Officer, half-time School Dentist, and four Public Health Nurses. Two nurses are kept busy with school-work, while the other two take care of the bed-side nursing, child-welfare, and prenatal work. This division of work is arranged arbitrarily so that each nurse does a certain amount of generalized nursing, and overlapping is avoided.

Our old Ford roadster has been turned in and we are now the proud possessors of a 1930 Chevrolet coupé. We also have a 1929 Ford touring and an old-style Ford touring popularly known as the "Death-trap," which, in spite of two fairly serious accidents, has not become permanently disabled. The newest member of our staff looks longingly at the new coupé and wonders if she will ever have a decent car to drive.

The Health Centre buildings have been repainted and the grounds considerably improved during the past year.

Our committee has done everything possible to further the health-work in our community and we are greatly indebted to its members for their co-operation and assistance. Our gratitude is also extended to the Provincial Health Officer for his never-failing help.

ESTHER S. NADEN, R.N.

HEALTH PROGRESS IN THE ARMSTRONG SCHOOLS.

It has been said that health, like happiness, is to a large extent a matter of habit and that it can be taught. One of our English teachers, an exchange, says that our pupils' aspect toward health was one of the first things she noticed in our school. She said: "The children here seem to be vitally interested in health." What we have aimed at is not information, but action; not simply knowledge of what things are desirable, but the daily practice of the rules of healthy living, and I think I can truthfully say we have made progress in this respect.

The school attendance is good. This past year has been our best. The success of a school-health programme is shown by the health of the pupils.

For the past five years the drill prize given to the best class in this inspectorate has been given to Mr. Aldworth's class. No doubt this is owing to his efforts, but it also shows that the health of his pupils must be up to standard.

During the past five years a great many defects have been remedied. There are still many to be corrected, but perhaps the zest would be taken out of life if we reached perfection. In June we hold a pre-school clinic for the beginners starting in September, so that the defects found may be corrected before the child starts his school-life.

Before the Public Health Nurse's time a very small percentage of the pupils had ever had dental treatment. Dental clinics were held twice weekly for two and a half years. Unfortunately, we have no dental clinic at the present time, but a goodly number make their periodic visits to the dentist.

Dr. Lamb's chest clinics have been a great help. We have had sixty pupils examined, with as many re-examinations. Three children were sent to Tranquille for several months' treatment.

Up until 1925 there was little or no vaccination for smallpox. My predecessor started it and we have continued vaccinating the new pupils every September.

One of our best health projects in the senior grades was that in first aid. Eight teams, boys and girls, were chosen from the four senior divisions. We had the competition on the day of the cadet inspection. The teams were judged by both our local physician and the Cadet Inspector. When the latter's report came we found our cadets had come second in first aid in the Province, being beaten only by a high-school team in Vancouver. The winning teams were given cups, which are to be kept for a year, when the competition will be repeated. More progress was made in first aid over this project than in all the rest of the time put together.

Quite an influx of foreigners has invaded this district during the past few years. They show great improvement in every way, especially in regard to cleanliness of person and clothing. The Inspector during his last visit remarked on the change. Surely we are doing a real service to the country if we can show these new Canadians the way to better citizenship.

P. CHARLTON, R.N.

PUBLIC-HEALTH WORK AT SAYWARD.

In the year 1921 I was appointed District and Public Health Nurse for Sayward. On visiting the schools I found little attention had been paid to personal hygiene amongst some of the pupils. There was a great deal of prejudice towards the nurse. However, I am able to say that a great deal of that has disappeared. The children were asked to bring

individual towels and drinking-cups, and a filter was placed in the school. This was donated by the Women's Institute.

In 1927, when the schools were visited by Dr. Watson, of the Coast Mission ship "Columbia," he commented upon the greater cleanliness and better health of the children than in the schools not visited by a Public Health Nurse.

The first two years of my work I was unable to get a visiting dentist to attend to the children's teeth, but the following year the Provincial Board of Health helped me considerably in locating a dentist who would visit Sayward and combine work with a holiday, all the children getting their teeth attended to. We have had a dentist in every year since, with the exception of one year. This, I think, has been the means of the children keeping in good health, as many of the parents would be unable to visit a city to get dental work done for the children.

There has been but little prolonged absence from school on account of ill-health, with the exception of two surgical cases and one eye treatment, where prolonged observation and hospital treatment were necessary.

The improvement in the health of the children is due to the intelligent interest taken by the majority of the parents and children in their ability to stay in such a long stretch of health as will allow of constant attendance at school.

The foundation of a Junior Red Cross League has helped to create an interest in the health of themselves and other less fortunate children who need assistance.

We are fortunate in not having had any epidemic of infectious diseases among the children or in the schools.

I have observed that some of the children need more physical drill than they sometimes get in the rural schools, owing, I think, to the teacher having so many grades to teach that sometimes drill is left out. There has been an experienced teacher appointed lately to the Upper Sayward School, who gives the children physical drill daily, and I hope this will straighten up some of the children.

EDITH M. WALLS, R.N.

SCHOOL NURSING IN THE VERNON CONSOLIDATED SCHOOLS.

In the first survey of the high school in 1925 it was found that 10 per cent. of the pupils had defective teeth; by 1929 this condition had so improved that very little dental work was necessary. In 1925, in the public schools, 20 per cent. of the children were found to have defective permanent teeth or bad gum conditions; last year it was very much the exception to find defective teeth among the children who had been resident in the city for any length of time.

There are many reasons for this improvement: the greater number of articles appearing in the press on the harmful effects of defective teeth; the stress laid on cleanliness and the regular use of the toothbrush by the School Nurse and the teachers, especially by the teachers of the lower

grades of the school; the establishment of a dental fund that has made it possible to give to the indigent pupil the same privileges that are enjoyed by the more fortunate children; and the increasing interest of the parents in the general welfare of their boys and girls. Many parents now realize the importance of frequent dental examinations, which will undoubtedly result in better health conditions throughout the schools. In the public schools, work was begun first in the receiving classes; last year attention was given to all children in the school who had defective teeth. Much good work has been accomplished by the Junior Red Cross as well as by the teachers and the School Nurse.

In 1925 the School Health Officer found about 10 per cent. of the children suffering from goitre. At the present time not more than 2 per cent. of the children are affected, and there is not a bad goitre condition in the schools. Where it exists at all it is among children who have come to us from outside points or among the children of the receiving classes. Iodine treatment was given for two years previous to 1925 with good results, and this treatment was continued for some time; but it is not every child who can take this treatment and we have been careful in giving it to children over 12 years of age. I always advise taking it at home under the advice of a physician, and in cases where I know that the child is not receiving any treatment, and is not likely to, I give it at school on the advice of a physician. The improvement in this connection is due in large measure to the annual inspection by the school doctor, the follow-up work of the nurse, the increased interest on the part of the parents, and to health propaganda. Goitre has decreased very rapidly in the Vernon schools.

There have been mild outbreaks of contagious diseases during the past five years, but nothing of a more serious nature than a mild outbreak of mumps in the fall of 1927, and of rubella in the early part of 1928. Much of the credit of this is due, I think, to the medical men of this city, who have at all times been active in the prevention of epidemics.

More attention is now being given to diseased tonsils. There is still room for improvement here, but the number of bad cases is decreasing rapidly. Greater attention is given to diseased tonsils during the pre-school age.

Dr. Lamb, Travelling Medical Health Officer, visits this district about once in every four months. All contacts are gathered in and with the consent of their medical adviser are taken to the clinic. No case of active tuberculosis has so far been found in the Vernon schools.

During my first two years here I tried to cover the district-work in addition to the school-work, but the district was so large that I found that I could not do justice to both. I have therefore concentrated on the schools and the follow-up work. I visit twenty class-rooms each week, take a lesson in health with each class, and endeavour to get the children as interested as possible in this subject—as interested as they are in other subjects of the curriculum. I get the finest co-operation from every member of the staff, and this is particularly evident in the general cleanliness of the children throughout the school, which I attribute in large

measure to the interest which the teachers take in the health and cleanliness of the children under their care. I would like to see the Junior Red Cross organized in all the grades, as I think it one of the best health organizations that we have.

On the whole the Vernon school-children are clean. We have careless families, and these have increased with the large influx of New Canadians, thus adding to our work; but most of these families are willing to accept, and to act upon, the advice that is given them; are very anxious, indeed, to do anything that will keep their children regularly at school. In regard to skin-diseases, I cannot say that the number of cases has lessened; I believe they have increased. This is due, however, to a few families that will not keep their homes clean. No matter how often the children of such homes are cleaned up, the diseases repeatedly recur because of the prevailing conditions at home.

Two well-baby clinics are held each year and literature is distributed to the mothers.

One of the most noticeable things is the increased interest of the parents in the health of the children and their readiness to help and to co-operate whenever they can. I would like to add, also, that the sympathy, advice, and co-operation which I have always received from the principals, the teachers, the School Board, the Department of Health, and the public generally, has made my work here possible and a source of great happiness to me.

ELIZABETH E. MARTIN, R.N.

SCHOOL ATTENDANCE IN SAANICH.

Since the establishment of the full-time health unit at Saanich, statistics are beginning to prove interesting. With the help of an adding-machine, we spent two days estimating the attendance of the school-children of Saanich for the past five years, and the results we found were most encouraging.

Owing to changes in the staff and unavoidable loss of time in filling the vacancies, the staff was short-handed most of the time during the school term 1927-28. In the spring of 1929 there were epidemics of measles and mumps in the four largest schools, so that even with the more complete staff there was no increase in the attendance over that of the previous year.

In spite of these difficulties, however, we found that since September, 1927, when the full unit was organized, there has been an increase in the school attendance of 11 per cent. as compared to the attendance of the three previous years. Such a marked increase did not just happen, and any one interested might wonder by what methods this has been brought about.

In the first place, we are obliged by the School Board to investigate the causes of absence of those children away from school for three days. Before readmittance to the schools after three or more days of absence, these absentee children are required by the teacher to have a certificate from the nurse. These methods not only do away with needless absence

due to trivial reasons, but they also lead to the discovery of communicable diseases and skin-infections which otherwise might be concealed and therefore spread. In this way a case which might be the start of an epidemic is kept at home until infection is past.

Time is also saved by the treatment and inspection of minor skin-infections at the schools by the nurses, and thus children affected are allowed to be present without being menaces to the other children. Again, mothers who are anxious to have their convalescing children lose as little time as possible at school are advised to keep them home longer than they might have done, and consequently time lost through relapses is avoided.

Another method by which the attendance is increased is the adoption of the infectious-disease regulations, whereby the contacts and exposed children are permitted to remain at school during the non-infectious incubation periods. This has worked very successfully in Saanich.

All this, of course, required a great deal of time, and consequently a larger staff of nurses, but we feel that the saving of school-time and the decrease in retardation owing to unnecessary absence more than makes up for the added expense.

MYRTLE E. HARVEY, R.N.

FIRST IMPRESSIONS OF RURAL PUBLIC-HEALTH NURSING.

Just about a year ago I was in the throes of preparing for examinations at the University of British Columbia, wondering if I should be lucky enough to win the much coveted certificate for public-health nursing. Now I have actually reached my goal—I am a Public Health Nurse.

When I first caught sight of the steep snow-clad hills of Peachland I said to myself: "Will I ever screw up nerve enough to climb those hills in a car?" Having just arrived from Vancouver, where I had been accustomed to driving on flat, cement roads, I felt transportation would be one of my main difficulties in a rural district. I soon found that my fears had not been groundless. More than once, when I started out on one of those icy roads, I felt like turning tail. I used to think, "if only the snow would go"; and the next thing I knew I was experiencing the joys of being stuck in the mud. However, all things come to an end some time, even bad roads, so I heave a sigh of relief when I realize winter is almost gone and spring is on the way.

As I have only been six weeks in this district I have not much to relate. My district is about 50 square miles, consisting of Westbank, Peachland, and an Indian reservation. There are three schools and the population is about 900.

The first month was spent largely in finding my way around and in calling on the local people. This month I started work in the schools. At the request of the Women's Institute, a class in home-nursing was organized for women and 'teen-age girls.

I am much interested in the work amongst the Indians, as there is much to be done for them. The Indians in this district are extremely

poor and for the most part shiftless. Shortly after my arrival the 83-year-old chief became very ill with the flu. For a time I feared he might not pull through. I was afraid he might not be willing for me to nurse him, but he proved to be a very good patient. The old chief could not understand a word I said and his wife spoke broken English, so you can imagine our conversation was very limited. The first visit I made the house was very upset, but the next time I called his wife had tidied things up and there was a huge tub of hot water in readiness for me. She announced: "The old man wants a swim." So, of course, the patient got his wished-for bath. Having once helped this family they proved very appreciative.

Shortly after my arrival in the district the ferry stopped running for three weeks, so except for the daily C.P.R. boat we were cut off from Kelowna, our nearest town. Some one said to me: "I am not worrying, seeing we have a nurse now." However, I may add that I did not share her optimism, as I was not in the least anxious to practise first aid. I did, however, have one emergency, a broken wrist, and I managed to make a temporary splint out of an orange-box.

When the BULLETIN is published next year I hope to be able to show results. Meanwhile I am looking forward to a year of varied experiences, trusting that I will meet with success in my work.

OLIVE INGS, R.N.,
Westbank.

PUBLIC-HEALTH WORK IN CHILLIWACK MUNICIPALITY.

The farmer is supposed to be a cautious buyer (possibly because the wherewithal is earned through such hard work). One finds this very true when endeavouring to sell him public health. He regards one as an unnecessary nuisance, who will, in all probability, raise his taxes and possibly "investigate" his home. One has no definite proof of value to show him for many months, and statistics and reports are waste paper to him!

Contagious- and skin-disease statistics are apt to be unfavourable, too, the first year. Our list was higher, possibly, this year than previously, when many cases had escaped detection.

The City of Chilliwack, with no School Nurse, reported "no epidemics or contagious disease," whilst one heard of this child and that away sick, and met whooping-cough, mumps, and impetigo on the streets.

Chilliwack is fortunate in having many active women's organizations; an Auxiliary of representative members from various organizations supporting public-health schemes meets monthly.

The annual report shows that our efforts have not been in vain: Nine eye clinics held, 30 examined; 52 tonsil and adenoid operations, many of long standing; 2 visits paid by Dr. A. S. Lamb, Tuberculosis Diagnostician, 100 examined. Fortunately the positive results were few, the majority being contacts and suspects. Twelve well-baby and pre-school clinics held, under local doctors—47 babies, 60 children attended, 6 vaccinated,

✓ 21 immunized; 124 visits to infants; 52 visits to pre-school children; 24 visits to prenatal cases.

The Auxiliary sponsored a baby-show, rest-room for mothers, and crèche at the annual fair. The latter, with cots and sand-piles under supervision of Girl Guides, was a boon to many tired mothers. Visitors showed great interest in the posters, model feeding equipment, layette and bassinette, and quantities of literature were distributed. The Provincial Board of Health kindly permitted Misses H. and J. Peters to assist, which assured expert attention to all inquiries. The interest taken by the public, and particularly by mothers, we all felt well repaid ✓ our efforts.

WINIFRED E. GREEN, R.N.

KEREMEOS, CAWSTON, AND UPPER AND LOWER SIMILKAMEEN.

Having been here for only seven weeks, I am sorry I cannot write of many things accomplished, except that I have got the lay of the land pretty well and am getting to know the people and their needs fairly well.

Most of the people at Keremeos and Cawston are British born. They are not very well off financially; therefore the cost of illness is hard to bear; but they are good home-makers and have the welfare of their families at heart.

There are not many organizations. Keremeos and Cawston have each a Women's Institute. Besides there is a "Guild," Church of England, and a Ladies' Aid. The women of the institutes seem very progressive and willing to help in the cause of public health.

Upper and Lower Similkameen are Indian reserves.

The first four weeks I spent here I had a great many nursing visits to make—mostly colds, one case of pneumonia, and four cases of scarlet fever.

We are handicapped this winter by having no doctor nearer than Penticton, 33 miles of slippery mountain roads. We have no dentist either.

In a case of illness the mothers are quite upset when a member of the household falls ill. The nurse is the next best thing and is called upon at all times.

The child-welfare work starts with prenatal advice, through infancy and school-years. Very few of the mothers are confined at home. Most of them go to hospital. Most of the children are well nourished and bright. I weigh the pre-school underweights once a month and do my best to persuade the parents to correct defects before the child enters school.

I visit each school-room once a week, inspect the children for general cleanliness, for skin-diseases, sore throats, and other noticeable defects. Following inspection, I give a short talk on an appropriate subject. I weigh all children in the junior grades once a month. In Grades IV. to VIII. the underweights only are weighed. I make out weight-tags for each child.

I am hoping to evolve some plan to solve the dental problem. Many

of the children have poor teeth. Some of the people are in favour of a dental clinic and with a little explaining and some persuasion we shall have one yet.

I am starting a first-aid class at Cawston and Keremeos, and hope to have a Little Mothers' League class too, but we need a more adequate outfit for demonstration.

At Cawston School the children make hot cocoa for lunch. They are also buying wash-basins and soap-container for a wash-room. Up to now the children have washed at the pump outside. Drinking facilities consist of a fountain in the school.

Many of the mothers at Keremeos and Cawston have decided to have their children immunized against diphtheria. The Women's Institute at Cawston has asked me to discuss "toxoid" and immunization at its March meeting. There will be a doctor available at Hedley (20 miles) some time in April.

My Indian work consists of child-welfare, instruction regarding taking the "cure," and protecting others from tuberculosis. I also make nursing visits when necessary.

The work is interesting and with time and patience may prove well worth while

I hope by next year to be able to give the BULLETIN a better report of work actually accomplished.

BERTHA THOMSON, R.N.

SAANICH DENTAL CLINICS.

When the school dental clinic was first started in Saanich it was held at the Health Centre. In their monthly inspections of the school-children the nurses noted the work to be done. The children whose parents gave their consent were brought to the Health Centre for treatment. This did not prove altogether satisfactory owing to the expense of transportation, waste of the nurse's time, and waste of the child's time, as every trip to the dentist meant about half a day away from school.

It was decided that this could be avoided if the dentist worked in the schools. Portable dental equipment was obtained and is set up in the teacher's room of the various schools. The dentist first made a survey of the children's teeth and recorded on the dental cards the work to be done. The cards were sent home with the children and the work was done for those who brought back signed cards. This proved very expensive as the collections were poor. The School Board did not wish any child to go without dental treatment because his parents were unable to pay for it, but it felt that a great many people who could afford to were not paying their dental bills.

Home-school visits by the nurses seemed to be the only solution to this difficulty. So now when the dentist goes to a school he is accompanied by a nurse. A survey is made of the entire school before any work is done. The cards are then grouped into families. The children requiring very little work to be done and those we feel can afford to have the work done take their cards home. Home-school visits are made on

all the rest. Some we find are able to pay for this work immediately. Others are willing to have the work done, but cannot pay for it at the time. These are asked to sign a promissory note. There are a surprising number of people who are able to pay if they are given a few months' time, and the fact that they have signed a note makes them remember the obligation. Still others we find are unable to pay, but would like the work done. These get it done free of charge. The children whose mothers receive the mother's pension are done free of charge without question. The children who have taken home their cards and do not return them are questioned, and to those who are not receiving treatment from their family dentist a home-school visit is made.

Lack of funds is the greatest obstacle in getting dental work done, but carelessness and indifference are also a great factor. The personal visit of the nurse will usually overcome these difficulties.

This system has been followed for nearly two years and when the dentist has completed a school most of the work has been done.

We have found in doing the work for the beginners that a great deal of the time had to be spent on work which should have been attended to in their pre-school days. In many cases the teeth have been neglected so long that extraction is the only possible treatment. The Health Centre Committee, assisted by the Provincial Board of Health, is starting a pre-school dental clinic at the Health Centre. We hope that a great deal of the temporary work will now be done. This will save many teeth and will give the dentist more time to spend on permanent work and to make more frequent visits to each school.

MABEL JOHNSTON, R.N.

LADYSMITH.

The badly depressed condition of this district has prevented any great strides being made in the work here. Three new schools, however, have been added to my list, the Government being willing to stand the cost of transportation for the present. This linking-up of the schools is bound to be beneficial. In these schools, where there has been no nurse and a dental clinic is unknown, I was struck with the very bad condition of the mouths of pupils.

Our dental clinic in Ladysmith has been very successful and could be extended to include some of the country schools. This suggestion was made to two School Boards near by last summer, but was not taken up. The number of pupils who made use of the clinic last year was very much ahead of any previous year. Having again been allowed the Government grant this year, we have extended the work to include the high school. Our dentist, Dr. Verchere, found it possible to make appointments with pupils and so do this work in his office after school-hours. This service was made of great use by the pupils. We are very fortunate in having a dentist who is very well suited for clinic work.

More and more parents are appreciating the annual examination and having the work done. They seem glad to discuss their children's defects and learn about the teeth. One cannot help feeling that this regular

dental care is a great step forward in training the children. I find also the benefit of having a dentist in attendance during the year, as any suitable cases can be referred to him. The great value of the clinic is realized when one reflects on the small percentage of the work which would be attended to if it were not brought before the parents in this way. The local I.O.D.E. Chapter has become interested in this work and is giving a substantial donation. The amount of work will be no doubt greater even than last.

This year I have been put on the regular schedule for teaching hygiene and every two weeks take the upper grades. This gives great opportunity for health-teaching, besides making it unnecessary to interrupt classes. The health-poster competition was very successful this year, some really fine work being done.

Since my stay in Ladysmith we have had no real epidemics of any kind. This has, of course, simplified my work very much. Parents are becoming more and more used to the School Nurse and are, I find, as a rule, easy to deal with.

The baby-welfare work has increased considerably, but with two doctors in the town the mothers get excellent advice, which leaves less for the Public Health Nurse.

At the fall fair literature of many different kinds was placed in a prominent place and seemed to be appreciated.

HILDA PETERS, R.N.

FIRST IMPRESSIONS.

I have now been engaged as a Public Health Nurse in Saanich for eight months. I came here immediately after graduating at the University of British Columbia and my experience has been varied and instructive. There are four nurses at the Health Centre; I am the latest addition to the staff and therefore the "greenest."

The nature of the work is explained to us in college lectures, but mere oral descriptions do not compare with experience in giving one an idea of the wide and inclusive nature of the work. As far as the academic part of the Public Health Nursing Course and the training in nursing procedures are concerned, I felt I was well able to fulfil my duties. But I did not realize how much I had yet to learn of the common ailments of the community. One of the most surprising of my discoveries was the number of rashes and spots which are not infectious; for example, the various forms of urticaria, heat-rashes, etc. Will I ever find the end?

Surely in no other form of work is the experience so wide and interesting. Such a host of practical knowledge have I picked up in the last eight months! The more I learn the more I realize just how much I have still to find out. It is all very overwhelming at times, and my sincerest sympathy goes out to the new graduate "turned loose" in a district of her own.

MARY E. HENDERSON, R.N.,
Saanich Health Centre.

COWICHAN HEALTH CENTRE.

I think it is very difficult for a Public Health Nurse to see "results" of her work, or the effect her work is having, unless she remains in a district for several years. It is by looking back over a period of years and comparing, that results are really seen.

Public-health nursing is discouraging at times, especially when you cannot see immediate results. But when you realize that it is for the future you are working and that all educational work is done slowly, then the horizon doesn't seem dark, but very bright indeed. Recently I have had the pleasure of seeing results in child-welfare work due to untiring work of nurses in the previous years. Every week more mothers keep coming for advice and our monthly well-baby clinic has grown rapidly.

Not long ago I was asked by a friend: "Is your work worth while and are you accomplishing anything?" I endeavoured to explain just what we are doing at the Cowichan Health Centre and left her to judge.

There are three nurses on the staff and we have two Ford cars (Phoebe and Mary), faithful or faithless, according to the condition of the roads. We do bedside nursing, child-welfare work, and school nursing.

Needless to say, bedside nursing keeps us fairly busy. That at least is one branch that grows without any educational work. We do all the nursing for the Metropolitan Insurance Company, also answer all calls to sick persons, giving nursing care at the initial visit, but continued only when a qualified medical practitioner is in attendance.

Child-welfare work is beginning to show results and this will be discussed in another article.

We visit fifteen different schools (1,400 pupils), varying in distance from 5 to 25 miles. Class-room inspections are given monthly, followed usually by a health talk. The children are weighed and measured twice a year and eyes and ears are tested once a year. This year we have been able to test all eyes in Grade I. by using the Snellen "E" chart, and the little ones love to show which way the legs of the "E" point. All children are given a physical examination yearly by the School Medical Officer appointed to the different school districts, assisted by the nurses. Follow-up visits are made in the homes to acquaint the parents of any defects found.

School nursing is the most hopeful and the most discouraging branch of our work. After summer vacation Johnny is asked whether he has had his tonsils out as advised, and he replies: "Nope, Pop bought a car instead." However, the mere fact of having the privilege of teaching Grades I., II., and III. makes the future look bright. A lesson was taught to Grade I. on the use of the handkerchief: "When you cough or sneeze or sniff, do it in a handkerchief, etc." Next day was Mary's birthday and she could hardly wait to show the nurse six new white handkerchiefs given to her by her mother and a brand-new pocket put in her dress. To be sure, Mary hated to unfold those beautiful handkerchiefs, but at least that was one health habit that had a fine beginning.

Little Mothers' League classes have been carried on in different schools. Just before Christmas several proud little mothers, after having

a written examination followed by a demonstration, received certificates issued by the Provincial Board of Health.

Interest in the nurses' teaching is not confined only to school-children. Young mothers in one of our outlying districts are asking for information concerning infant-care and the prevention of disease.

Cowichan Lake is on the extreme edge of Cowichan District and two new towns have recently sprung up along its edge. Once a year a nurse from the Cowichan Health Centre accompanies the doctor to these new lumber towns (a long journey by car and boat) to assist him in his medical examination of the schools. Now the people are wanting more. They want a nurse of their own for these new towns and they have been advised to write to the Provincial Health Officer. The people are progressive and the employers interested in the welfare of their workers, and I think in the near future there will be a new opening for another Public Health Nurse.

BLANCHE MITCHELL, R.N.

FRENCH CREEK AND DISTRICT.

I feel that I cannot make comparisons between past and present conditions in my community, for so much of the real foundation was laid by my predecessors. As has been said before: "It is difficult to measure progress in public-health work."

One of my hardest tasks is getting the expectant mothers to report early in pregnancy. Quite frequently they will tell me: "But don't say anything to the doctor until nearly the time; it is so foolish going to him when I feel quite well." Statistics in this, as in many other things, prove to be my most valuable ally, for the people are appalled at the infant and maternal mortality which is preventable. In some cases, where there is the transportation difficulty, I find that it is time well spent for me to take the prenatal case to the doctor at regular intervals.

The community is too scattered and transportation too inadequate to permit of well-baby clinics, so I find that regular home-visiting is my only recourse. There is an ever-increasing tendency on the part of the mothers to consult with the nurse where the welfare of their babies is concerned, especially with regard to the feeding. They are coming to realize the importance of properly prepared and supervised feedings, just as they realize that convulsions and colds are not a necessary adjunct of the process of teething.

I think that, without an exception, the community appreciates the nurse in the schools. I am very gratified at the readiness with which parents will report any indisposition amongst the children. "I did not send Charlie to school, nurse, until you had seen him. It seems like a cold, but one never knows—and then colds are better at home, aren't they?" And amongst the children, too, as they are increasingly educated to the idea of prevention, the desire is more prevalent to protect their playmates from preventable disease. Of course there is the occasional person who still clings to the idea of "let them have it while they are

young, and then it will be over and done with"; but fortunately they are very rare.

The correction of dental defects is slow, but nevertheless there is a marked improvement. Unfortunately, I have not to date been able to devise a means whereby I can have a dental clinic, so all work must be attended to in the nearest town, which is approximately 30 miles away. Some of the parents can attend to the transportation of their children, while others without cars, or with the fathers away all day and other small children in the family, are taken to the dentist by the nurse. A number of 'teen-age lads have worked and saved especially so that they could have their teeth attended to.

I held a series of twelve classes among the French Creek school-children in elementary first aid. It was very well attended and the youngsters acquitted themselves very creditably. Little Mothers' classes had been conducted by my predecessors, so it will be some time before there are sufficient girls of an age for such a class. A course in home-nursing was given in Hilliers District last spring, and I have now begun another in the French Creek District. A mother informed me that the early detection and isolation of a scarlet-fever case in her home was due to the lesson I had given them on communicable diseases; that the instruction had driven home to her the fact that she should never take any chances on a sore throat.

I am sorry to say that there seems to be an ever-increasing tendency towards bottle-fed babies. Do what one will, the cry seems to be even more frequent: "My milk is just going in spite of me following your instructions." Is it because so many mothers of to-day will not forego their usual dancing, badminton, etc.? It is so difficult to make some of them realize their responsibility in this respect.

I cannot speak too highly of the co-operation I have received on all sides. The doctors, and especially the local Medical Officer, with whom I am brought into close contact, are every ready to help and advise me. The Women's Institutes have never refused any request for help for my charges, whether it was boots, milk, or cod-liver oil for the under-nourished child; teeth to be attended to where finances would not permit; or many other things that would otherwise be very difficult for me to obtain. I have had every consideration from my Health Board, and last, but not least, I must mention the Provincial Board of Health, to whom I feel very grateful for encouragement and help at all times.

MARGARET M. GRIFFIN, R.N.

KELOWNA SCHOOL NURSING.

The year 1929 has been an eventful and busy one in the School District of Kelowna. At the beginning of the fall term the new Junior High was formally opened by the Minister of Education, the Hon. Joshua Hinchliffe. The building is of an imposing structure, containing nine class-rooms as well as a large gymnasium and auditorium, domestic-

science and manual-training rooms, a library, and last, but certainly not least, an office especially for the School Nurse. The latter is a very much appreciated addition after the cubby-holes and corners it has been necessary to use before. The nurse's office is the official headquarters for all minor treatments, although each school—that is, the primary, elementary, and senior high, is provided with a first-aid outfit in case of emergencies.

The outstanding work of the year has been the dental survey. One can hardly call it an achievement, since the undertaking has not yet been completed, and, although much has been accomplished, there is still much to be done. The work was started early in the spring. The four dentists of the town were consulted and agreed to lend their co-operation whenever possible and necessary. The school-children, numbering some 850, were arranged in groups and definite assignments made to each dentist. By the end of the term the examinations were all completed and the dental notices, with the estimated cost, sent out to the parents. Out of the total number of pupils examined, barely 6 per cent. were passed as needing no work done on their teeth. In other words, 94 per cent. of the school-children needed dental care! Since the summer many of these cases have received treatment and the results are more than gratifying in the improvement of the general health of the children.

The month of December was taken up with preventive work, immunizing the school-children against scarlet fever. As may well be imagined, this involved a great deal of time in arranging and organizing. Notices were first sent out to all the parents, explaining the procedure and asking for their written consent to the undertaking; 950 of these were sent out and returned with the necessary information. A table was then arranged as to the time and place of the first Dick tests and subsequent inoculations, and these sent to the parents whose children were to receive the antitoxin. These children were given the Dick test and all negative results eliminated. The inoculations were then given in five doses, each dose usually about ten days after the preceding one. Altogether there were 1,758 inoculations given, exclusive of the Dick test, and 297 children treated. Besides these there were forty-one pre-school children tested and eighteen of these given the inoculations. After the completion of the immunizing, nine of the senior high-school pupils were again given the Dick test and the result in each case was negative.

Besides this, sixteen school-children have been immunized against diphtheria. Later in the year Dr. Ootmar, the Medical Health Officer, intends to undertake a procedure similar to that of the scarlet-fever immunizing, and administer diphtheria toxoid to all the school-children whose parents so desire.

The actual work undertaken in the schools is more or less of a routine nature. Yearly examinations are made by the School Medical Officer, Dr. Knox, and as far as possible each class is given a monthly inspection. The absentees are checked up every Monday morning and every pupil absent for two days or more is required to receive a written permit, signed either by the doctor or myself, before returning to school. In this way

infectious diseases are kept checked up. A copy of every note sent home to the parents by the examining doctor is kept, and in this way much more satisfactory work may be done, when home-school visiting, in correcting the physical defects.

The afternoon school-hours are taken up with health-teaching. This includes a health talk once a week to each class, from Grades I. to VI., inclusive. At the beginning of each term I make out a preview of the work to be covered during that term. Copies of these are given to the teachers, who plan their poster-work and projects accordingly. In this way much valuable follow-up work is done and the subject further emphasized to the pupils.

In co-operation with the domestic-science teacher, as part of the routine for Grade VIII., I have held a series of classes in "Child Care." The work covered is very similar to that of the Little Mothers' League, with modifications and additions. The course involves some eight half-hour periods and is given once a week, the last half-hour of the domestic-science period. The girls are all most enthusiastic and a total of thirty-eight will be receiving their Little Mothers' League diploma at the completion of the course.

Last spring, with the help and co-operation of the Women's Institute, a well-baby clinic was organized. It is held every third Friday in the Women's Institute hall and each doctor takes his turn in attending these clinics and advising the mother on the infant's feeding and general care. Up to date there are twenty-four babies registered. Due to the severity of the weather during the winter months it was necessary to cancel these clinics, but with the milder weather they are to be reopened.

The Girl Guides of the city also are given two series of lectures, one towards the gaining of their sick-nurse badge; the other to the company as a whole, dealing with health in general and simple bandaging. The latter course is given in three half-hour periods at their regular weekly meeting. The former course is fairly extensive and requires about ten one-hour periods to cover the work required. These periods are held once a week after school. Through the kindness of Mrs. Wilmot, the Matron of the Kelowna Hospital, all practical work is given in the demonstration-room at the hospital. The course is limited to ten girls, all with a certain definite standing in the company. Already one class has completed the work successfully and another class is on its way to completion at the moment of writing. At the end of the course the girls are examined both in their theoretical and practical work by the Matron of the local hospital.

At the fall fair last autumn, with the co-operation of Mrs. Grindon, the nurse in charge of the schools in the rural districts of Kelowna, a display was put on stressing certain phases of the public-health work here. One of these was the importance of hot lunches for the school-child. Due to an exceedingly active year, taken up with other matters of health, this scheme has not yet materialized, but, it is hoped, will receive more attention next year. The general public were most interested in the health stall and asked innumerable questions. One thousand

seven hundred books and pamphlets dealing with various subjects were also distributed during the two days of the fair.

Home-school visiting is quite a problem in this particular town. In the first place, the town is quite scattered and the streets long and winding. Secondly, there is a notable lack of street-names at the corners; and, thirdly, to further add to everything, none of the houses are numbered. However, by closely questioning the pupils and a very excellent map of the town, one is able to get about without running into too many blind roads and "parts unknown."

I cannot close this article without paying tribute to the work done here by Miss Frances Lyne, whose place I took on her resignation at the beginning of the year. As one of the first School Nurses in Kelowna, she laid a perfectly splendid foundation for future public-health work, and due to her personality succeeded in winning the admiration of every one, from the parents down to the smallest child.

The best wishes of us all go with Miss Lyne in her "new work."

EDITH W. TISDALL, R.N.

PUBLIC HEALTH IN KAMLOOPS.

Since coming to Kamloops in September, 1927, I have tried to steer my good ship "Health" by means of education, dividing it into five classes: (1) Education of the parents; (2) publicity; (3) education of the school-children; (4) child-welfare; (5) social service.

1. First we will think for a short time on what is being done by attempting to educate the parents. Free public-health lectures have been given. The subjects taken up were as follows:—

(1.) Prenatal care of the expectant mother.

(2.) Care of mother and baby from the first month of life: (a) Importance of well-baby clinics; (b) explanation of the digestive system and care of the human body; (c) great importance of breast-feeding.

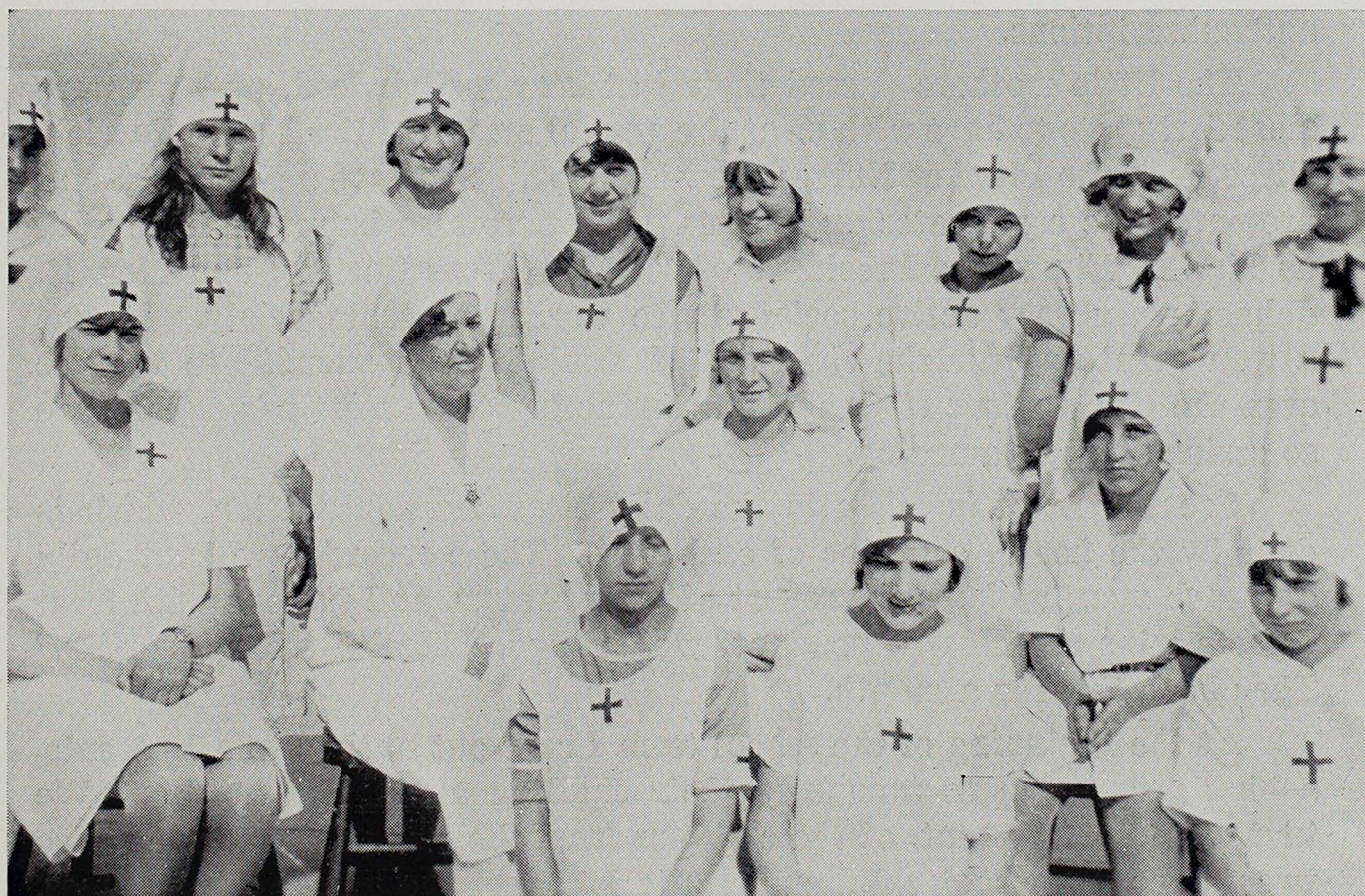
(3.) Care of regular weighing and annual inspection of pre-school children; early attention to defects. Value of balanced diet (cod-liver oil, vitamins, etc.); also rest and sleep.

(4.) Care of the school-child: (a) Value of annual medical inspection; (b) value of regular weighing; (c) early attention to defects; (d) value of balanced diet (cod-liver oil, vitamins, etc.); (e) value of immunization against diphtheria, smallpox, and other diseases; (f) isolation and immediate reporting to Public Health Officer when infectious diseases occur; (g) value of pasteurization of milk.

2. Secondly, we will consider publicity. Articles that are written by "Hygia" from *Otago Witness* (New Zealand paper) are published regularly in the local paper. These articles are splendid and deal with the many difficulties that mothers come across with their new babies and pre-school children. "Hygia" represents the Plunket Society of New Zealand and was first started by Lady and Sir Truby King. My monthly and annual reports are always printed by the Sentinel. We have every

assistance from the owner and editor. They have given us many free advertisements in our health-work and have fully reported my lectures. They are splendid with their helpfulness.

3. The third point is the education of the children. Here I feel, with almost concern at times, the great responsibility that is mine. I want to quote what I once heard Mr. Ira Dilworth, from Victoria, say: "We must come with great humbleness and wait with great patience, for we are on the threshold of the greatest of all mysteries, the human mind." And so it is, the child's mind is so rapidly developing, although I know parents and teachers often doubt the fact. Many people think that the weighing and measuring, and testing of Johnnie's eyes, and constantly sending him to wash his hands, neck, and ears (Oh, those ears; they are so difficult to keep pink and clean!) is the beginning and ending of the School Nurse's duties. Our work would surely be easy if such were the case.



LITTLE MOTHERS' LEAGUE.

Daily contact with the children makes life so worth while, just to see their merry faces and to hear their cheery greetings. This is the second year of the Junior Red Cross Society in the Lloyd George School. We now have seven groups formed. The children love the work. I try to attend one meeting a month to each group. The children have put on splendid little plays. It is always a joy to organize these groups at the beginning of their school-year. The children are so thrilled and feel so important when voting for their officers. Last year they did some splendid work. They all worked so very hard for a bazaar which was held at the Lloyd George School on June 1st; each group was responsible for a stall. Mr. Bell, our principal, printed the name of each group and grade,

so that the different stalls were distinguished. They were prettily decorated with flowers and coloured paper. We sold afternoon tea and ice-cream, but *no candy*. The children decided at their meeting that no candy would be sold, so they were all happy on ice-cream. The stage was arranged like our well-baby clinic and was in charge of three older girls who were taking Little Mothers' League classes. One little girl actually asked a lady, who was looking round, "Did you breast-feed your baby?" When this lady told her she had not, the little junior told her she could have, if she had tried, and gave her the pamphlet that is used in advising mothers how to restore their milk-supply. They did look so sweet in their caps and aprons. It was a huge success; we took in \$165. The children made almost everything that was sold. We sent \$128 to the Solarium, Vancouver Island. We were specially interested in a little baby from Kamloops, who has since returned much benefited from her nine months' stay there. Altogether the children have collected \$243.45 since October, 1928; that is including the bazaar, sale of Christmas seals, and subscriptions.

The little mothers passed their test very well indeed, and we were most fortunate to have with us at the annual meeting Miss Nance Patrick, Director of the Plunket Nurses, New Zealand. She gave a short talk and presented the certificates and prizes. We were also happy to have with us Mrs. J. Fitzwater, President of the Red Cross Society, and Mrs. R. Johnstone, a very active social-service worker of that society. It was a wonderful day for the children. I think it just splendid to witness even the tiny juniors of Grade II. conducting their meetings. They are so serious and so amusing.

Great interest is taken in the daily cleanliness inspection, which is done by the health captains of each row. These records are kept daily and each month I have the report of their groups, and the one with least defects wins the Health pennant, which says, "Health means success." They keep this for a month.

At the beginning of the school term I sent out notices to all parents, asking permission to immunize their children against diphtheria. We immunized 40 per cent. of the children from the two public schools, also twenty-one pre-school children. Daily I collect the names of absentees, parents are telephoned, and inquiries made. Home visits are then made if necessary; an average of forty visits is made a month. Parents are advised of defects and the necessity of having them attended to. Many tonsils, teeth, and defective visions have been looked after through the kindness of the Red Cross Society, City Council, Women's Institute, also doctors and dentists of this town.

Hygiene classes were formed in the high school, both for boys and girls. Last year these were given after school-hours. The Girl Guides also have been given a course of talks on "Care of the Pre-school Child." They all passed their test. This year I examined the feet, without stockings, of all children from Grades I. to VIII. I found many fallen arches and badly shaped feet, especially amongst the older girls, and many ill-fitting, badly shaped shoes with high heels. These children were given

special exercises and talks on the care of feet and the proper footwear. I am giving each grade a health talk once a month. All children 10 per cent. and more underweight are weighed monthly. All children examined once a month for cleanliness. The work amongst the children is an ever-increasing joy. As a special treat I tell the little children Kipling's "Just So" stories. They just love them.

4. Now I must dwell for a short time on the work that is done for the Red Cross Society. They organized some years ago a well-baby clinic, which is held twice a month. Last year we had an average of fourteen baby visits per clinic; total attendance, 297. Home visits to babies, 105; and 171 telephone calls for advice.

Prenatal clinics were organized last year. I find it very difficult to get in touch with the expectant mothers. At present they do not seem to understand the great importance of this work. It is only by means of education that we will be able to cut down the high maternal mortality of Canada.

5. The social service. Work is mostly done by a very competent lady, Mrs. R. Johnstone, of the Red Cross Society. She is doing a wonderful work. There has been much unemployment this year, which has caused much sickness and distress. The Red Cross Society supplied 836 quarts of milk last year. Any families whom I consider needing more milk or cod-liver oil are always supplied by the Red Cross Society. I have made many social-service visits this year and have always had the ready assistance of the splendid society before named. Lately two pre-school children suffering from deformities of the bone have come to my notice; also a child of school age who has subnormal mentality. Very soon I hope to be able to make arrangements to send these children to Vancouver and Victoria for special treatment. Public health is certainly divided into many sections and much sympathy and tact is needed.

This fascinating work is still so new and is still in the pioneering stages, that we must be content with so little. When the public-health unit is an established and recognized necessity, then we missionaries of health will truly feel that something definite can be accomplished.

At present there is too much to be done by the individual, and the day is all too short to do all that one wishes to do.

OLIVE M. GARROOD, R.N.

CHILD-WELFARE WORK IN THE COWICHAN DISTRICT.

The growth and development of a district is somewhat similar to that of a normal child. There are times, in the development of both, when their teacher is uncertain if her teachings will bring forth the required and looked-for result.

Stretching the simile a degree or more, we might say that the Cowichan District is merely in the difficult pre-school stage concerning public-health education. Public-health teachers have been giving their best efforts to the education of this district for many years, and we think we can safely say that very favourable results are forthcoming.



In this short article I will compare present child-welfare conditions with those which existed a year ago, and also mention some of the child-welfare activities.

Every Wednesday afternoon we have an "at home" for the infants and pre-schoolers. A nurse is on duty for the sole purpose of weighing the babies and instructing the mothers. There has been a steady but gradual increase in the number of babies attending these afternoons. Not only do the same mothers keep returning for further instruction, but we have, on the average, one new mother every two weeks. Our attendance has practically doubled in the last six months.

It is through the co-operation of the mothers, in following our advice and advising others of our services, that we feel we are progressing. We also feel that to get the co-operation of all the mothers in our district is our big objective and we are working steadily towards that end.

Our well-baby clinic, which is held once a month, has also had a steady increase in numbers. Seven to eight babies was the usual attendance less than a year ago. In our last clinic, held in February, twenty babies were weighed and examined. These numbers may seem small in comparison with other districts, but when we take the month as a whole, and can say that from forty to fifty babies are examined at the Health Centre, we feel very hopeful.

Besides our monthly clinics in Duncan, we hold clinics in Bamberton, Shawnigan, and Hillcrest. These clinics are not held monthly, but only when we think that they are necessary. In the meantime we keep in touch with all the babies in the district by visiting.

The newest addition to our clinic list came as rather a surprise to us. A small note arrived from an outlying district, asking us if it would be convenient to make an infant-welfare visit on a certain afternoon. We complied with this request and arrived to find a house full of babies and mothers. This enterprising mother had created the nucleus of another well-baby clinic. And the clinic was well established, when they voluntarily asked for our services regularly.

Then, again, by the co-operation of the medical men of the district we are being continually put in touch with new babies. We have had numerous babies brought straight from the doctor's office to be weighed, and have learned that they have been advised to come regularly. We also procure a monthly list from the Court-house of all registered babies, and in this manner keep in touch with all the latest arrivals.

In the fall fair of last year we had a booth in which child-welfare was featured. Much prominence was given to the well-baby clinic, to the preparation of formulas, and to the correct outfit of clothes for the baby. Two small tables were filled with foods, one containing nutritious foods, all equal in value to a glass of milk, the other containing harmful foods for young children.

The interest shown in this display was full reward for any hard work it may have occasioned. It was no unusual sight to see small groups standing about earnestly discussing the food values or the harmful foods for children. A nurse sat at a small table outside the booth, in readiness

to explain any of its contents, or to enter into conversation with any mother concerning her children, and to pass out as much literature as she thought would be appreciated. More contacts were made and more seeds sown on that day than can be estimated.

Then, in addition to our infant-welfare work, we have recently been preparing to start a class in the "Management of the Pre-school Child." A large meeting of young mothers has been called for March 3rd, when an outline of the different problems to be discussed will be presented to them. We are not sure that these new classes will be kindly received by all the mothers in the district, but we are doing our best to prove to them the necessity of understanding some of the problems of the pre-school age. These discussions will be carried on with reference to that useful book, received from the Department of Health, "Parents and the Pre-school Child," by William Blatz and Helen McBott. The knowledge in this book is much too valuable to allow it to remain within its covers.

We do not expect to clear up the difficulties that mothers are having with their pre-schoolers, but we do hope to make them aware of certain pitfalls. Thus prevention is the essence of our teaching.

ANNE YATES, R.N.

NANAIMO SCHOOLS.

The school population of Nanaimo is approximately 1,250; 250 comprise the high school and 1,000 the public school. The public school is divided into three ward schools and two eight-room central schools.

The children are inspected once a month. They are weighed and measured twice a year. Eyes and ears are tested once a year, or more often if thought necessary in particular cases. Underweights are weighed every two months, or as nearly that as possible.

In determining underweights we are using a new chart. Instead of a set weight for a certain age and height, this method gives a range of 10 per cent. below and 20 per cent. above the hard-and-fast normal weight. It is a much more popular way than the old method and is proving as efficient. The 10 per cent. underweights are weeded out and it eliminates among the children and parents the feeling of the slightly below par.

With regard to the medical examination, we are most unfortunate in this respect, in that the children are examined by a medical man only once during their school-life, and that upon entrance. The findings are entered upon their medical card, which is then duly signed by the School Medical Officer. Subsequent monthly inspections are made by the School Nurse and the data gathered from these inspections furnish material for the annual medical reports. We are still carrying on goitre treatment in the school under the direction of the School Medical Officer. The children are given a few drops of a sodium-iodide solution each morning for a period of six weeks. It is discontinued for three or four months, then treatment is begun again for another six-week period. There really has been an appreciable improvement in most cases.

After much delay we are again serving milk to the children at morning recess. It is supplied at the nominal cost of 15 cents per child per week. The dairy from which we obtain our milk is, of course, one of the best, meeting all the requirements of Government and laboratory tests. Effort is made to interest underweights in this venture with a fair amount of success.

NORAH E. ARMSTRONG, R.N.

PORT ALBERNI.

When I began this article of a partial review of the past year's health nursing here, I realized again the difficulty of giving a true impression of one's own work; also of the added difficulty of being able to put one's finger on many results of teaching, good or bad. Sometimes, when you feel that your endeavours have met with no result whatever, you find later that your advice has been carried out to the letter. And in other cases, when you were hopeful of definite gain, you return to meet a baffling apathy or an old theory still alive.

A tangible note of progress is in the medical examination of the school-children in the fall term, to be followed by one in the spring. Heretofore there was but an annual examination given in the late spring. Receiving classes are taken in the schools in September and February. A good percentage of the physical defects found are in these classes, showing clearly the need of a pre-school clinic, which has not been established here as yet. But a greater amount of interest is shown in the health reports sent home than I had noticed previously, and more attention is paid to the carrying-out of the advice given in them.

There being a larger group of girls in Grade VIII. this year, it seemed advisable to have two classes of Little Mothers' League, which made two meetings each week. Most of the pupils were very satisfactory indeed to teach.

The request of a Boy Scout group for classes in first aid indicated a desire for more health knowledge, not only of curative but of preventive measures too.

Bedside nursing is still a required part of the programme here. The service is used by two of the doctors as a method, at times, of keeping watch on the condition of patients and for demonstrating the correct methods of nursing and feeding, as well as for treatments. This service does give an entry into homes that would not be reached in any other way; also a backing that is sometimes needed.

In the spring of last year the need of a new car for the health-work was felt. A drive was put on which realized the amount that, with the generous cheque from the Health Department, completely paid for the car. Those collecting said that they found it an easier task this year than last year.

A very definite advance is in the interest in, and the attendance at, the well-baby clinics. By a vote of the City Council we are allowed the use of the light and convenient rooms in the new City Hall, giving the

service an added standing in the community. After the clinic's very quiet opening last March, with five babies in attendance, we have had the satisfaction of seeing it grow to its present size—of ninety-one infants on the registry and the usual attendance of twenty-four to twenty-seven at each meeting, in spite of inclement weather at times. The clinics are held fortnightly, numbers coming to each one; some coming 10 to 14 miles and a few by boat.

At the most recent clinic held the presiding physician remarked that the babies that had been coming regularly were splendid-looking infants, saying also that the mothers took a keen interest in the growth of their babies. Encouraging, too, was the statement made by a mother in a home, that her friend, who attended, told her that "Once she started taking her babe she wouldn't be able to stay away."

The progress has been very gradual; nothing outstanding has been done, there is much that should be done, and when one reads of other districts' work we wonder if we can call this progress at all.

MARY E. GRIERSON, R.N.

PUBLICITY IN PUBLIC-HEALTH NURSING.

Every nurse realizes how necessary the constant education of her public is to the progress of her work. Perhaps it may not be amiss to make a few suggestions regarding this very important and rather neglected branch of our work.

There are several reasons why we need publicity. Probably the most important is in order to procure financial support for the budget. In order to do this it is necessary to enlighten the public in regard to the way in which the public-health programme is functioning. This enlarges still further into general education along health lines and the securing of intelligent interest in public health.

For sound publicity there must be a sound knowledge of the local community. Different tactics are to be employed in the urban and rural areas. Then the various groups in the community have to be considered—the philanthropic groups, the social agencies. A keen appreciation of the psychology of individuals as well as groups is necessary. If it is possible to get a member of the Nursing Committee who is able to write well, such a person may very well be utilized, but the nurse must always keep in mind the fact that she has to supply the ideas and outline her plans. No one else can work up her publicity without much assistance.

One of the first principles of publicity is to attract attention. Care must be taken to avoid too many figures and to use pictures liberally. On the other hand, pictures, photographs especially, are expensive. For variety, statistical tables and various types of graphs are invaluable. Simplicity and conciseness add to the effectiveness of articles. New and original slogans, with the addition of colour in various forms, will enhance the appearance of even so dry a thing as the annual report.

Another principle of publicity that must not be forgotten is the importance of regularity. A nursing organization that has at least one item a week appearing in some form or another is going to get new supporters regularly. It is always advisable for the nurse to make a direct contact with the local editors as the surest means of winning their co-operation.

There are very many forms of publicity, too numerous to mention in any detail. Perhaps the following list will be sufficiently self-explanatory to be of use and give many new ideas to the workers in the field.

The forms of publicity include: (1) Reports, monthly and annual; (2) newspapers and magazines; (3) talks to groups, both directly, and indirectly by means of the radio; (4) exhibits, floats, booths, insignia; (5) posters, "pin" maps; (6) stereoptic views and slides; (7) dramatization in plays and parades; (8) through volunteers who will write up for publication their experiences with the nurse; (9) other volunteers who talk with their friends about their experiences with the nurse; (10) various individual conferences with key people in the community, prospective committee members, leaders of clubs, etc.; (11) through pamphlets, books, circulars, bulletins, contests, letter-heads, debates.

Few of us pay enough attention to the usefulness of the annual report. It should be a strong link between the community and the work of the nursing service. It checks up the year's work of the organization. It is useful for comparison of the results in successive years. It shows the public what has been accomplished and serves to interest subscribers. It really forms the basis for the coming year's budget. Let us make our annual reports more living and useful and extend our work to embrace all forms of publicity.

MARGARET E. KERR, R.N.

PUBLIC HEALTH IN NANAIMO.

The idea of prevention rather than cure is one that is very difficult for the public to realize, since doctors and nurses for centuries have been called only after "Sonny" has developed a pain or is "burning up." But when we find by the yearly reports that the child-welfare visits have been greatly increased, the average attendance at the weekly well-baby clinic is higher and the number of prenatal visits remains about the same, although the number of confinements attended is considerably less, we see that public health is not at a standstill. We realize that more time is at the District Nurse's disposal for preventive work which was formally used for obstetrical and nursing care. Also when the reception on the initial baby visit to the home becomes quite friendly after the introduction, or when it is cold on this visit but on the second an invitation to return is received, it is very gratifying.

As much time as possible is given to infant-welfare and pre-school visits after the district nursing is done, which helps to fulfil the com-

munity needs. The ambition is to visit the child as early in life as possible, obtain the mother's interest, and give her an invitation to the well-baby clinic, while probably announcing that tea is served.

If the mother has other children it is often not convenient or possible for her to attend. Then I visit the home as often as time permits, giving advice and answering questions as to diet and formation of regular habits. On the average the mother looks forward to these visits. The well-baby clinic is really a weighing-station with two nurses attending, the School Nurse and myself. As well as the child being weighed, advice is given to the mother, and on finding any defects the mother is advised to consult her physician. At Christmas each baby enrolled on the infant-welfare register received a Christmas card from the well-baby clinic. The mothers seem to appreciate this little human touch, as in many cases it was the first Christmas card their baby had received.

The mother also brings her pre-school child and asks questions as to health habits and defects which are referred to the family physician. I hope that the day will come when Nanaimo will have a pre-school as well as the well-baby clinic.

Although there is a great desire to reach the mother before the baby arrives, it is very difficult to make this contact. Nevertheless, the number of prenatal visits to mothers going to hospital or nursing homes is increasing, which shows that the mother not only has the nurse for her services at the time of childbirth and afterwards, but for the prenatal advice. Of course the obstetrical case gives the nurse a good contact into the home by making her a friend of the family.

Home-nursing classes are held, which teach the mothers and young women to do simple nursing; but most important of all is the gaining in knowledge of the care of their own bodies and of the symptoms of communicable diseases to prevent their spreading and the importance of prenatal care.

At the Indian reservation a purely educational programme is carried on; but sickness seems to be the best contact, for then they consider the Public Health Nurse their friend who wishes to help them. Advice given at this time really concerns normal health habits, but it is better received when some one is feeling miserable.

The Indian school-children receive the monthly inspection for cleanliness and are weighed, which is well received as in many cases it is the first experience on scales. At Christmas a toothbrush was placed in each child's parcel on the Christmas-tree and the children have responded wonderfully by trying to see how clean they can keep their teeth.

The monthly well-baby clinic is well attended by the mothers and keen interest is taken in the gain in weight from one weighing to the next, as well as trying to follow instructions as to the care of the baby. Home visits are made, which instructs the mother in general hygiene.

By patience and cheerful work we should soon find a drop in the infant and maternal mortality rate of our Province.

MURIEL UPSHALL, R.N.

THE DEVELOPMENT OF PUBLIC-HEALTH NURSING IN THE KELOWNA RURAL DISTRICTS.

The beginning of a New Year is always an opportune time to look back and review the work of the past, to note its weakness and its strength, and to plan for the future.

History of the Kelowna Health Unit.—The nucleus of the Kelowna Health Unit originated in 1926, when Doctor G. A. Ootmar, Bacteriologist, was appointed to the charge of the new Central Laboratory at Kelowna and later as whole-time District Medical Health Officer. In September, 1927, the school-work of twelve rural schools was also added to his work. It was not until March, 1928, that a Provincial Health Nurse was appointed to co-operate with the District Medical Health Officer, and to organize and develop all public-health nursing activities in an area of some 100 square miles, embracing twelve rural schools with a school population of some 550 school-children.

In September, 1928, the City of Kelowna engaged a School Nurse for its 900 school-children. In July, 1929, Dr. Ootmar was asked to become Medical Health Officer and Sanitary Inspector for the City of Kelowna also, and in September, 1929, an Assistant Technician was appointed to the Central Laboratory. Thus in January, 1930, we have in Kelowna City and rural districts a health unit covering public-health activities in all its phases in the city and rural districts.

The Kelowna Rural Schools Health Association.—To centralize the school-work of the twelve Rural School Boards in the scattered rural districts, a representative committee of school trustees and members of local Women's Institutes was organized under the name of "The Kelowna Rural Schools Health Association." This voluntary committee receives reports from the Rural Health Nurse, assesses the school population on a *pro rata* basis to help to pay for the service, pays all expenses of transportation, etc., and at its own suggestion co-operated with the Provincial Health Officer to provide half the cost of a new Ford coach for the rural nursing service.

So much for the machinery of local organization; we will now consider the development of the work in the rural districts during the past twenty-two months.

Campaign for Active Immunization against Diphtheria.—My first duty in 1928 was to help organize a campaign for active immunization against diphtheria in a rural district where diphtheria was epidemic at the time. This was most difficult because of the public indifference, lack of knowledge, and often definite antagonism to such a new idea. However, at the close of the campaign 300 throat-swabs had been taken and examined, 51 carriers found, 136 children Schick-tested, 11 clinics held, and 88 inoculations of diphtheria toxoid given. The epidemic was checked.

It is most interesting to note as a sign of progress that in our recent campaign for active immunization against scarlet fever (of which I will speak more fully later) there was a splendid response from the very same people who were indifferent and antagonistic two years ago. We are

hoping to utilize this new attitude of mind to organize another campaign for active immunization against diphtheria in the spring.

Health Education.—Health-teaching has been emphasized by the distribution of many pamphlets in clinics, schools, homes, meetings, and at the fall fairs; some 5,180 pamphlets have been distributed in the rural districts alone. Our thanks are due to the Metropolitan Life Insurance Company for the excellent literature it forwards free on request, also to Miss Elizabeth Breeze, who gave thirty-two sources of supply in the course in health education at the Victoria Summer School for Teachers. (This inspiring and interesting course would be most valuable to all school nurses as well as to teachers.)

The distribution of health literature has been followed up by the usual routine health-teaching in the schools, and by some twenty-seven addresses given by the Rural Health Nurse at different times to meetings of Women's Institutes, parents, and ratepayers on health subjects and public-health organization.

Health Booths.—Two health booths planned by the Health Nurses at the Kelowna Fall Fairs, emphasized with posters, literature, and projects the value of active immunization against diphtheria, vaccination against smallpox, and free chest examination, together with nutrition and dental projects. Much information was given by the Health Nurses on duty and many pamphlets given away. In connection with the fall fairs the District Medical Health Officer also put on most interesting projects to demonstrate the sources of typhoid and diphtheria infections and water and milk contamination.

Development of Free Clinics in the Rural Districts.—The development of free clinics has been an interesting phase of the rural health activities.

There are now four well-baby and pre-school clinics operating in four different districts under the auspices of the different Women's Institutes and clubs, in charge of the District Medical Health Officer and Provincial Health Nurse.

Thirty well-baby and pre-school clinics have been held, with a total of 167 attendances. The names of 137 infants and pre-school children have been listed on the child-welfare register and we have come into touch with eighty-two new infants and pre-school children in our recent campaign for active immunization against scarlet fever.

Other free clinics include: 5 chest clinics (Dr. A. S. Lamb, Government Chest Specialist), 39 attendances; 1 eye, ear, nose, and throat (Dr. McNamee, Specialist, Kamloops), 12 attendances; 6 Schick tests (Dr. G. Ootmar, M.H.O.), 161 attendances; 6 active immunization against diphtheria (Dr. G. Ootmar), 113 attendances; 77 clinics—Dick test (Dr. G. Ootmar, M.H.O.), 456 school-children, 106 pre-school and infants; active immunization against scarlet fever inoculations, 1,403 school-children, 535 pre-school children and infants.

Clinic work in the scattered rural districts entails much organizing on the part of the Health Nurse, telephoning, book-keeping, and letter-writing, but the results are worth the trouble. In the 125 clinics listed above there has been nearly 3,000 attendances of school-children and pre-

school children. We have come into intimate contact with these children and their parents, gradually educating their minds to the value of the gospel of prevention, gaining their confidence, and laying a foundation for the development of the principles both of the prevention of disease and the promotion of positive health, which so many people do not understand and therefore resist.

The first result of this contact was apparent in the result of our campaign for active immunization against scarlet fever, of which I will now speak more fully.

Campaign for Active Immunization against Scarlet Fever.—In November, 1929, a scarlet-fever epidemic of a mild type was prevalent in a city some 40 miles south of Kelowna; schools were closed and the epidemic was spreading into the surrounding districts. Kelowna and districts as central points in the valley were daily in danger of infection. A campaign for active immunization against scarlet fever was organized in Kelowna and the surrounding districts.

The District Medical Health Officer and Rural Health Nurse addressed ten gatherings of parents in the different rural districts. The Health Nurse explained in simple terms the theory of active and passive immunity and the *real* meaning of "resistance" to disease; the Health Officer, the value of active immunization and the present need of protection. Some 1,800 pamphlets written by the Health Officer, to be read and signed by parents, were distributed at the meetings and in the schools, the Health Nurse explaining the contents of the pamphlets to the teachers and older children. This pamphlet was also published in the local paper.

The results were most encouraging; very many parents gave their consent, and in spite of the fact that almost immediately every home received a warning pamphlet from the Canadian Anti-Vivisection Society, Victoria Branch, denouncing inoculation and the Dick test, and several letters were published in the local paper by the same society, to date (January 31st, 1930), in the rural districts, 77 free clinics have been held, 1,408 inoculations have been given to school-children, and 535 inoculations to pre-school children and infants.

In the City of Kelowna 30 free clinics have been held, 1,754 inoculations given to school-children, and 191 to pre-school children. Very many children have also been immunized by private physicians.

There was a total of nine cases of mild scarlet fever in the rural districts and twenty cases in the City of Kelowna; no new cases have been reported, and we hope there will be no more now, so many of our children have been actively immunized. More than 100 cases were reported from the city and district where the epidemic originated.

School-work.—Here I must pause to pay a tribute to our school-teachers and School Boards, who, with one exception, have co-operated so heartily in our health-work among the children. Even in the schools where the Health Nurse was not wanted at first, there is now a cordial feeling of co-operation. A water system was laid on in one school and paper towels put into two other schools. School trustees would do much more had they funds to expend.

It would take too long in an article of this kind to speak in detail of the work among the rural school-children, the defects corrected, nutrition improved, and health education given. Of the epidemics we have tried to stop, sometimes with success, sometimes not so successfully! How much we should like to see "active immunization" against the "common cold," measles, mumps, and whooping-cough, etc.!

Prenatal Hygiene.—A branch of the work which we hope to develop is prenatal hygiene. In addition to home-visiting, we should much like to add this phase of the work (with the consent of local physicians) to our free clinic work in the rural districts.

This is, however, impossible, unless it can be done with the very cordial assent and, indeed, with the wish of our local physicians, under whose care these patients have placed themselves and to whom all clinic findings would be sent.

Development in the Western Portion of the District.—An interesting development in Westbank has taken place in the western portion of my district—isolated by night and winter weather from medical and hospital care by the Okanagan Lake.

We felt that a Public Health Nurse should be placed here, one who would live in the locality and do public-health nursing with bedside care, caring also for the Indians. I made a survey of the possibilities of this and the adjoining district and placed it before the Provincial Health Officer. The local Women's Institute communicated with him and with Miss Smellie, Chief Superintendent of the Victorian Order of Nurses, with the happy result that with the monetary assistance of the Provincial Department of Health, the Federal Department for Indian Affairs, and the Victorian Order of Nurses, a Victorian Order Nurse was placed there at the beginning of the year. We are so glad to welcome another Public Health Nurse in the valley and trust that soon the whole Okanagan will be linked up in a health service from Armstrong to the American border.

It would not be fitting to conclude an article on the development of public-health activities in the Kelowna District without especial reference to the splendid work accomplished during the last fifteen months in the Kelowna City schools by Miss Frances Lyne, R.N., who recently left the service to be married.

Kelowna City was fortunate in its first School Nurse, for Miss Lyne's charm of personality and executive ability has had much to do with the cordial attitude of Kelowna City to the health programme.

Her school dental clinic has been a great success; her splendid health-teaching programme, both in the schools and to Girl Guide classes, much appreciated; and the Kelowna well-baby clinic is doing excellent work.

As Rural Health Nurse I am not in a position to speak in detail of her work in the city, but I would like to quote from the Chairman of the Board of School Trustees, given at the annual meeting of the City Council: "The health of the pupils in the school was excellent; in fact, away above the average. Although there had been epidemics all around, it had been possible to avert them from the schools, for which he gave credit to Miss Lyne, 'the School Nurse.'"

Appreciation of Health Unit.--At the same meeting one of the Aldermen said: "The most progressive step taken in health was the formation of the full-time health unit. . . . A splendid amount of work had been accomplished in a short time and before long the city and district, he believed, would possess an enviable health record."

From the rural districts comes a letter of appreciation from a school principal to the Board of School Trustees: "I have been much interested in the work of the Medical Officer of Health and of the Provincial Health Nurse as it affects this school. Both these officers approach their work with enthusiasm and carry it out with painstaking regularity and thoroughness."

Summary.--To sum up: What is the *real* advance worth while which has been made during the past two years? I think it is that somewhat intangible asset, the slowly changing attitude of the mind of the general public towards our teaching, a clearer understanding of our aims, and as a result, a greater willingness to co-operate in public-health activities.

What are the signs which denote this change of heart? First, the excellent response of the parents to the immunization campaign against scarlet fever; second, the more frequent reporting of communicable diseases and suspicious symptoms by parents to the Health Nurse, with requests for investigation and advice; third, the coming of foreign mothers, Japanese, Italians, and Germans, to our clinics. The children are in our schools, the parents are beginning to trust us, and we, too, are beginning to understand their attitude better. In short, the general public are just beginning to look upon the health authorities as their friends, a protection to their children and homes, instead of "policemen" curtailing the "liberty of the subject."

May it not be that the Public Health Service is also doing its part, by friendly and helpful contact with our immigrant citizens especially--(of whom we have many in the Okanagan valley), to build up in Canada a nation of people with ideals of healthy living and good citizenship!

If this is true, even in a very small degree, our work is well worth while.

ANNE F. GRINDON, R.N.

UNIVERSITY HEALTH SERVICES OF CANADA.

A Public Health Nurse was appointed at the University of British Columbia in 1927 on the recommendation of the Provincial Officer of Health, following an outbreak of measles which involved some hundreds of students, with consequent loss of time and money to the University as a whole, to say nothing of the resultant physical after-effects inherited by all those individuals who contracted the disease.

The Department over which the nurse presides is known as the University Health Service, with temporary offices and first-aid room in the Auditorium Building.

In passing, special mention should be made of the furnishings and equipment which were provided as the valedictory gift of the 1927 graduating class. The students responsible deserve the warmest thanks and appreciation of all present University people, since the only people who could not benefit from the useful gift were the givers thereof.

The duties of the nurse, as outlined at the beginning, embodied a complete prevention programme (no nursing) along any lines found to be workable at the University and included one or more courses of health-education lectures each term. These lectures were to be considered voluntary and non-credit. In addition to the University and Endowment Lands, the health-work and inspection of the University Hill School were also a part of the nurse's plan. This latter has been done in an honorary capacity to date, the work for some obscure reason receiving no recognition from the Department of Education so far, although the number of pupils has increased from 30 to 100 in two years.

During the latter part of 1928 the medical service was added to the work of the University Health Service.

The actual medical physical examinations are done during the months of October and November. The work consists in the medical examination of all first-year students entering the University and recording the physical defects found. This medical examination is compulsory, and from now on a student failing to present himself for the examination on the date and time appointed is liable to be suspended by the President of the University. At the present time the examinations are conducted at the Vancouver General Hospital, with Dr. H. White and Dr. Monica Saunders as examiners.

The University Health Service renders aid in all cases of sudden illness or accident which occur on the campus. This work includes transportation and is made possible by the financial support of the car by the Provincial Board of Health. The necessity of a car will be understood when it is known that eighty such transportations were provided during the 1928-29 session. It will be seen readily that in the case of communicable disease the minimum amount of contact is thus encountered between the University and the student's home.

Notwithstanding the foregoing, the chief function of the University Health Service Department is to teach health education and prevention of disease, and every Public Health Nurse knows how difficult it is to do more than keep in touch with all these phases. At the University, we are, however, trying very hard to make a specialty of vaccination against smallpox, and are having many interesting experiences and difficulties, our chief difficulty being the clause in the "Health Act" which permits people to take out what is known as a conscientious-objection affidavit. This clause is taken advantage of by people who are not in fact conscientious objectors, who don't even know the meaning of the term when ques-

tioned or what it involves. They frankly wish to escape the temporary inconvenience caused by vaccination.

As the result of a questionnaire sent to first- and second-year students, University of British Columbia students to the number of 399 during the 1928-29 session were vaccinated at the University Health Service. Others were done by their family physician, as this service is only given by the University to those who, for some reason, cannot be done by a private physician. Of those students vaccinated, ninety-eight had never previously been vaccinated and gave some surprisingly simple reasons why, among them being: "When it was being done I was going in for sports or to a dance"; or, most simple of all: My arms were dirty and the next day the vaccination was not being done." Still others claimed that in the public school they merely stated their personal objections and were exempted. It is astonishing that such a group scattered about the the Province, many of them in the large cities, should have been able to pass through our schools unvaccinated, for the reasons given.

Following are some particulars covering the University Health Services of four other Provinces and is the result of a study made during the summer by the writer. It will be noted that the University of British Columbia is the only University in Canada which has a Public Health Nurse on its staff, and that sickness is provided for in only two of the Universities under survey, the expenditure being covered in each case by a yearly tax of \$5 imposed upon each student. No responsibility is accepted by the University authorities of McGill or Toronto Universities for any sickness which may occur among the student body.

MONTREAL.

Health Laws.—Enforces all citizens to be vaccinated.

McGill University.—Will not admit students who have not been recently and successfully vaccinated; students may be vaccinated in the Medical Department.

Medical Service.—Department functions throughout the year. Compulsory medical examination which is enforced; is done more than once each year if Medical Director orders such. No follow-up; no nurses; Medical Department attends to first-aid injuries and in case of sickness one week's hospitalization is allowed. A dispensary functions for the use of students.

Physical Education.—Compulsory for regular students, two periods each week being devoted to it.

Health Education.—In relation to prevention has not yet been considered, although its importance is recognized by the University medical authorities.

TORONTO.

Health Laws.—Enforces all citizens to be vaccinated.

Toronto University.—By order of the Board of Governors, every student for admission must submit a certificate of successful vaccination or agree to submit such certificate within ten days after opening of session. Students may be vaccinated at the University Health Service.

Medical Service.—Functions throughout the year. Medical examination is compulsory for all regular students; no follow-up or nursing is given. First-aid treatment is given by the Medical Director or one of his assistants. The University accepts no responsibility in case of sickness.

Medical Students.—Have a sick fund arranged and administered by themselves to meet requirements in case of sickness of any of their own group.

Physical Education.—Is compulsory and non-credit. Lectures on first aid and hygiene are given to first-year medical and forestry students.

Health Education.—A series of three lectures are given called "Health Talks," based on defects revealed at medical examination of students. The time is taken from the Physical Education classes and credits given for attendance.

Health education in relation to prevention is much desired by certain of the medical authorities responsible for the health of the University.

MANITOBA.

Health Laws.—In relation to vaccination could not be ascertained.

Manitoba University.—Requires that entering students who have not been recently and successfully vaccinated must have this done before entering College (page 28 of the Calendar of the Manitoba Agricultural College).

Medical Service and Health Service.—Students in all years must submit to a yearly medical examination. A fee of \$5 is collected yearly from all students to defray the expenses of the medical examination and of sickness; hospitalization of two weeks is given. The College has in residence a qualified dietitian, a qualified physical instructor, and two trained nurses; these people are responsible for the health of the students and for reducing the loss through sickness, of the education offered.

College Hospital.—In both men's and women's residences is small but well-equipped hospital of sixteen beds with trained nurses in charge (thirty-six beds in all). The nurse has the right to say when a student requires treatment in the hospital, or to see the physician.

Physical Education.—Compulsory and non-credit, two periods weekly.

Residences.—Accommodate over 600 men and women students and are equipped with splendid swimming-tanks and gymnasiums.

ALBERTA.

Health Laws.—Requires citizens to be vaccinated and reserve the right to enforce vaccination should the occasion arise.

University.—Nothing written into the Medical Service rules about vaccination.

Medical Service.—Compulsory medical examination for all entering students; in case of sickness thirty days' hospitalization allowed. A fee of \$5 is collected by the Bursar at time of registration, which covers expense of this service. No follow-up on defects; it is up to the student when advised.

College Hospital.—Of sixteen beds; is in charge of a lady, who is an Edinburgh M.D. and a graduate nurse; but if nursing is really involved the student is transferred to the University Hospital.

Physical Education.—Compulsory and non-credit.

NOTE.—There seemed to be a lack of interest on the question of vaccination in the Medical Department.

CELIA A. LUCAS, R.N.,
University of B.C.

PUBLIC-HEALTH NURSING, MAPLE RIDGE AND MISSION MUNICIPALITIES.

When I entered the University of British Columbia in September, 1928, for the course in public-health nursing, I was quite sure that at the end of the University year I should return to hospital nursing or to private duty. By the end of the course I was converted to a public-health point of view. Now, after six months as School Nurse in the Maple Ridge and Mission Districts, I am quite convinced that the preventive end of nursing is even more interesting and fascinating than is the curative end of the work.

Public-health nursing, or, rather, school nursing, began in the above-mentioned districts in September, 1929. The nurse was appointed by the two School Boards through the Provincial Health Officer. The Women's Institutes of the two districts were, however, largely responsible for arousing the interest of the people of the district in the work. Therefore, to them must go much of the credit for the ultimate appointment of a nurse and the beginning of the work.

The two districts extend from Port Hammond along the Fraser Valley to Hatzic Island, Ruskin being the divisional point.

There are nine grade schools in the Maple Ridge District, with a total of twenty-eight rooms and total enrolment of approximately 1,050 pupils. In addition, there is a central high school at Haney with six rooms.

The Mission District has nine schools, including the high school, which is situated at Mission City. These schools have a total of twenty-two rooms and total enrolment of approximately 695 pupils, about 24.2 per cent. of these pupils being Japanese, the bulk being found in the lower grades, only two attending the high school.

The Maple Ridge District has a larger percentage of Japanese, one school reporting 51 per cent. in one of the lower grades; the average throughout the schools is more than 30 per cent.

My time is equally divided between the two districts. September and October were spent in Maple Ridge; November and December in Mission; since the New Year alternating each month. In the case of an epidemic in either district the nurse may remain a longer time, the time to be adjusted before the end of the year. Because of an outbreak of diphtheria in the Hammond School early in January, I remained in that district until the end of the first week in February. An epidemic of colds and sore

throats in the district at the same time worked havoc with the attendance and made much home-visiting and swabbing of throats necessary.

Those acquainted with public-health work will readily see the disadvantages of having to divide one's time between two districts, each of which is sufficiently large to keep a nurse going full time, if the work is to be carried on successfully. Due to the diphtheria outbreak one child lost his life and several others are to a greater or lesser extent permanently affected. This and all the inconvenience and unhappiness involved for at least three or four of the five families whom it was necessary to quarantine could have been prevented had the nurse been on duty in the district during the months of November and December. In home-visiting three days after the schools opened in January, three families were found to have suspicious symptoms (one, a large family, admitted having had suspicious symptoms in the house for seven or eight weeks). Two more positive throats were found in the school—one a member of the above-mentioned family. Prompt action was taken by the local Medical Health Officer and further spread was prevented.

This was an unfortunate occurrence, as such outbreaks always are. Nevertheless, it should and will, I believe, help our cause. There are still those who seem not to realize their responsibility or duty towards others where infectious disease is concerned, and who will "cover up" if possible. The Medical Health Officer, working alone, with his private practice to attend to besides, certainly cannot be expected to discover all cases of infectious disease before they become a source of danger to the community.

Measles were present in the Whonnock and Ruskin Districts during the summer holidays, chiefly, if not entirely, amongst the Japanese. By the end of the second week after schools opened the disease was in full swing. Efforts to stop the spread without closing the schools gave unsatisfactory results. This was due, largely, to the fact that the Japanese schools are without medical supervision and contacts excluded from our schools continued to go to the Japanese schools, in spite of instructions to remain at home. On the whole, I have found the Japanese people willing and anxious to co-operate. In many cases their failure to do so was, I believe, due to lack of clear understanding.

The health-teaching in the schools is gratifying in the keen interest shown by the pupils. Progress in this work is delayed, though, by lack of proper facilities, such as basins, individual drinking-cups, towels, etc., especially in the rural schools. One feels sometimes that teaching of proper health habits should begin with the parents and the members of the School Boards. After all, without their full co-operation any amount of health talks, health stories, crusades, and so on, cannot give the best possible results. However, when one realizes that School Boards have others than themselves and the nurse to please, one understands why these things are sometimes slow in coming.

Many of the teachers show appreciation of the need and value of health-teaching in the curriculum. There are some very fine posters in some of the schools, some of which were prepared by the pupils.

The scales are a great source of interest. Most of the children seem

to be very anxious that their room or school shall be the one to get the health banner for the highest percentage of red stars. Many of those who were 10 per cent. or more underweight in September are now almost normal weight.

Defects are slowly becoming corrected, too slowly; but thanks to our instructors at the University of British Columbia, we realize that we need not expect immediate action in very many of these cases, so are helped to be patient. Even a few pairs of glasses where they were needed most and a few first molars saved and defective tonsils removed makes one feel that the work is really worth while.

Easter and summer vacation time should see many more of these defects attended to.

I regret that, as yet, there is not a nursing committee formed in either district. Until each district has a full-time nurse very little of the other branches of public-health work can be carried out. Under the present system, if an office were provided and equipped, it would be used for only six months in the year. The School Board is my only committee in each district. The service is purely on trial for the first year. There are no commitments past that time, but I believe it has been decided that the work is to be continued.

Both districts have splendid live organizations in the Women's Institutes, and I hope that one or two years from now will find the various branches—infant-welfare, prenatal, T.B. work, etc.—well developed. These branches are, of course, not entirely neglected, but as yet I have not found time to give them much attention. I was employed primarily as School Nurse, and with so many schools do not have to look far for work.

Two seriously underweight children visited Dr. Lamb's clinic at New Westminster and one teacher visited the clinic at Abbotsford. All were negative, I am glad to report. One Japanese family with a tuberculous mother returned to Japan.

There is considerable misunderstanding as to where the work of the Public Health Nurse should begin and where it should end, but I have been pleasantly surprised by the knowledge of our work, aims, and ideals shown by the great majority in my districts. One parent did send word to a teacher during my first month in the district that I might look into her child's mouth, but must not pull any teeth. On another occasion a 'teen-age girl whom I inspected at school, later in the day, told a local merchant that she understood me to say she should have her face lifted. However, I think it is generally understood now that the Public Health Nurse is neither dentist, beauty specialist, nor family doctor.

At the Whonnock and Haney Fairs in September Metropolitan Life and Department of Health literature was distributed. In addition, at the Haney Fair a "crèche" and mothers' rest-room were arranged with the help of some of the Women's Institute members. In spite of unfavourable weather which kept many mothers at home, at least two or three babies slept soundly and comfortably while their mothers were free to see the exhibits.

Home-nursing classes are being given to one room of girls in the Haney High School. They are very enthusiastic about the course. The Boys' Science Club of the High School was addressed on "Progress in Public Health." Two rooms in the Mission District asked for a lesson on vitamins. They were anxious to know more about these mysterious constituents of food and apparently appreciated what information I was able to give them.

The Women's Institutes and Parent-Teachers' Association were addressed. I am trying to tell them of the possibilities of the service in the hopes that ere long another nurse will be provided and the various clinics, etc., will be established. On two occasions Dr. Young's and Dr. Berman's annual reports were read and discussed. The main idea was to create better knowledge of what a full-time health unit means to a district.

And so the work goes on with something new and interesting to see or do every day. From Hammond with its large cedar-mill along the Fraser River to the beautiful Hatzic Valley, which is noted as the home of the Cuthbert raspberry; back through the woods to Stave Falls, the location of the huge B.C.E.R. power plant, which supplies much of the power for Vancouver and surrounding districts; then down to the new and wonderful developments of the same plant near Ruskin—well, I ask you, who would not prefer work which takes one over such roads surrounded by such scenery with the majestic mountains in the background, and in a new Ford coach into the bargain? Who would not prefer that to standing all day in an operating-room with a temperature of 90° or listening to the groans of sick people?

Then last, but not least, there are the encouraging letters from the Department of Health at Victoria, which always seem to arrive when they are needed most to help one over the "rough spots," which are, after all, surprisingly few.

HETTY E. FAWCETT, R.N.

PERSONALS.

The Provincial Public Health Nurses were well represented at the International Congress of Nurses in Montreal, July, 1929. Mrs. C. A. Lucas, Miss M. Claxton, Miss M. Kerr, and Miss O. Garrood were registered.

Miss M. Claxton resigned as Supervisor of Cowichan Health Centre in June. After attending the I.C.N. in Montreal, she went home to England for a visit. Miss Blanche Mitchell was appointed to succeed her.

Miss Kathleen Snowden, formerly Public Health Nurse at Keremeos, resigned in June to be married, and is now living in West Summerland.

Miss Mary Henderson, B.A.Sc. '29, was appointed to the staff of the Saanich Health Centre in September.

Miss Anne Yates, B.A.Sc. '28, joined the staff of the Cowichan Health Centre.

Miss Muriel Upshall, B.A.Sc. '29, succeeded Miss Verna Beckley as District Nurse in Nanaimo last June.

Miss Edith Tisdall, B.A.Sc. '29, was appointed to the Keremeos District to succeed Miss Snowden last June. In December she was transferred to Kelowna to take the position of School Nurse.

Miss Margaret Kerr, B.A.Sc. '26, who received her M.A. from Columbia University, New York, last year, was appointed as Instructor in Public Health Nursing at the University of British Columbia in October.

Mrs. B. Thomson (Bertha Thorsteinson, C.P.H. '24) is now Public Health Nurse at Keremeos.

Miss Frances Lyne, B.A.Sc. '27, resigned from her position as School Nurse at Kelowna in January. She was married to T. R. Hobart, of Silverton, Oregon, in February.

Miss H. E. Fawcett, C.P.H. '29, was appointed Public Health Nurse for the Municipalities of Maple Ridge and Mission last September. ✓

Miss Flora McKechnie, B.A.Sc. '28, was forced to resign from the staff of the Cowichan Health Centre for personal reasons, her place being taken by Miss A. Roberts, from England.

Miss Olive Ings, C.P.H. '29, was appointed Public Health Nurse, inaugurating a new service at Westbank, in January of this year.

Miss G. M. Kitteringham has taken Miss M. Twiddy's place at Oliver.

Miss A. Roberts has recently gone up into the Peace River country to inaugurate a public-health nursing service there.

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FOREWORD.

IT HAS BEEN the custom to write a few general remarks in reference to the work that is being carried on by the Public Health Nurses. This year, in reading over the articles presented by the nurses, I think an excerpt from Miss Twiddy's paper will do for the foreword. After discussing various phases of the work, Miss Twiddy concludes as follows:—

“Experience is a good teacher. It may be an expensive and slow method of obtaining knowledge, but one learns many interesting lessons as a Public Health Nurse. It is surprising from whom and under what circumstances these lessons come in the school of experience. Day after day and week after week knowledge accumulates. Wisdom may linger when it comes to make use of the lessons, but if the Public Health Nurse maintains her sense of humour she will have gone far towards success. She must not be discouraged by disappointments, but look for the silver linings that are always to be found somewhere, firm in her conviction that eventually will dawn that day so well described by Lord Tennyson:—

“‘All diseases quenched by science, no man halt, or deaf or blind.
Stronger ever born of weaker, lustier body, larger mind.’”

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PROGRESS.

The work of editing this, the eighth issue of the PUBLIC HEALTH NURSES' BULLETIN being completed, we have an opportunity to pause and glance back over the pages. In the first place, the very number of articles has increased from thirty to thirty-seven. The articles are longer and more interesting accounts of busy services. Progress is to be noted all along the way.

Last year's BULLETIN found us eager and enthusiastic following the challenge to renewed endeavour which we received at the Refresher Course. That challenge has been taken up and answered, as you will see as you read. Not only has every nurse given her best in older organized nursing services in various parts of the Province, but also four new services have been inaugurated and have demonstrated their effectiveness and value.

This BULLETIN provides one means whereby we can transfer our ideas and impressions to one another. We have our national nursing periodical, the *Canadian Nurse*, and numerous other professional magazines where interchange of thoughts and ideals will benefit each one of us. Let us continue to make this BULLETIN a reflection of our activity, resourcefulness, and enthusiasm. The work will progress fastest if we give most to it, both in study and practice. The words of one of the verses used in various youth-training movements ring just as true in their application to our Public Health Nursing Service.

“Up then!
Truest fame
Lies in high endeavour.
Keep the flame
Burning brightly ever.
Up then!
Up and on!”

YOUR EDITOR.

TEACHING THE TEACHER TO TEACH.

Last fall I read a paragraph in a magazine article that struck me as being particularly significant. It was an outline of the responsibilities and duties of school-teachers. The analogy betwixt Public Health Nurses and teachers is very close.

“Theirs (the teachers and nurses) is the responsibility of opening the doors of the mind of each following generation, and letting in the light. It is they who must call the attention to what is passing outside the windows of that railroad-car, going at express speed, in which we are making the journey of life. Without the teachers, the whole journey of the train would be spent by most travellers in the dining-car.”

Ever since the earliest inception of modern public-health nursing, teaching has been rated as one of the most important phases of the programme. The routine of bedside-nursing, the preparation of infant-feedings, habit-training in the pre-school period, health-teaching in the

school, group-instruction for adults—every step of the way it has been the function of the nurse to point out the important points along the way.

✓ We have been discussing and hearing arguments from teachers and others on the important point of direct class-room instruction in health. Since this subject is included in the curriculum for both high and public schools, it is recognized as something that is to be taught. Too often we hear from teachers: “But I know nothing about the subject.” The weak link in this system seems to be in the actual teacher-training in public health and personal hygiene. Obviously, the individual nurse in her single district cannot be responsible for the sum-total of knowledge in health that the teacher requires. The nurse has such an infinite number of demands on her time that she cannot begin to cover all the territory she wishes. The logical solution seems to centre about the teaching of the fundamentals of public health to the students in the normal school or other teacher-training classes. A doctor or a Public Health Nurse is possibly better prepared to do this than a lay person. Let us strive for this, that our teachers may be better prepared to assist in opening up the windows of the minds of each succeeding generation.

MARGARET E. KERR, R.N.

STOCK-TAKING.

Policy, budget, sales-slips, dividends, inventories, bargain-sales, etc.—what do these terms mean to the business-house? And what do the terms—objectives, records, statistics, annual reports, etc., mean to the public-health nursing organization?

Is there not a decided similarity in the ideas the words suggest? The commercial house must be able to declare a dividend or its board of management will soon call the executive officers to task. Can a public-health organization demonstrate its gain and declare its dividends in the same way; or, if not in the same way, is there not some method of estimating whether it has attained its objectives? It will surely be agreed that some form of stock-taking is essential.

What were the objectives of your organization last year? Was your salesmanship effective, or were some of your efforts wasted? Perhaps some of the fashions you had selected were too extreme for your district! The merchant sometimes “scraps” his mistakes by unloading them on the unwary purchaser as bargains. You may not have the same type of “bargain-day,” but you must be prepared to drop even your pet project, for the time being at least, and to start out with a new “spring stock.”

There are different methods of stock-taking. There is the critical self-analysis; are we clear in our objectives and whole-hearted in our efforts to attain them? There is the monthly and annual stock-taking as the books are balanced and a report is submitted to our committee. Then there is the professional stock-taking, when we submit to our fellow-workers a report upon some special phase of our year's work, asking for their critical analysis and evaluation of our effort. Our work can, as

a rule, be justified in our own eyes only as we are able to satisfy our peers of its soundness—in objective, method, and result.

Conventions and Refresher Courses therefore play an important part in this professional stock-taking. It is hoped that the 1931 Annual Convention of the British Columbia Graduate Nurses' Association and the Annual Refresher Course may show favourable balance-sheets.

MABEL F. GRAY, R.N.

OPENING UP A NEW SERVICE IN THE PEACE RIVER.

I will venture to give a little report of what the work has been since I came to the Red Cross outpost at Grand Haven in April, 1930.

On arriving at Hythe, Alberta (which was the end of the steel at that time), on my way to the Fort St. John District to open the Red Cross Nursing Station in April, 1930, I found that the roads were closed to all traffic on account of their bad condition.

I stayed at Hythe the first night and travelled as far as Pouce Coupe the next day. The distance from Hythe to Pouce Coupe is 45 miles, and it took the whole day to make the trip. On two occasions our car had to be pulled out of the mud by horses. We spent the night at Pouce Coupe and next day came as far as Taylor by car, at which point is the crossing of the Peace River. On arriving at the river I found that the ferry was not yet put into operation for the season, and the only way in which one could cross the river at that time was in a small rowboat, which was very dangerous owing to the swift waters of the Peace and the heavy ice-floes which are so treacherous in the spring of the year.

While at the river I was asked to see a trapper from Fort Nelson, which is 300 miles north of here. He had been accidentally shot through the leg, the bullet passing through one leg and lodging in the other. He was on his way to the hospital at Pouce Coupe, and while at the river I rendered what aid I could towards relieving his suffering.

While waiting to get a car from the river I was asked to give aid to a man who had his feet badly frost-bitten.

I eventually arrived by car at Grand Haven, which is 17 miles from the river, to find a real nice log bungalow with five rooms, which is heated by a wood-furnace.

The district is scattered and transportation is very difficult. There are very few graded roads. The saddle-horse is frequently the only means of reaching certain parts, and the travel then is over very bad trails.

The work is both varied and interesting. In the first place, I have accommodation for two or three patients in my five-roomed bungalow. Until Dr. Brown arrived in July there was no doctor within 60 miles. I was kept very busy during my first three months here, answering calls for aid from all parts of the district. Now that the doctor is here, I refer them to him if it is necessary; but in spite of the doctor being here, I make long trips to see sick people.

Since May, with the exception of seven days in July and ten days in September, I have had patients in the outpost, both general and maternity.

When busy in the outpost there is not much chance to visit outside. Whenever the opportunity comes I visit the schools, prenatal patients, infant-welfare, and pre-school children.

There are ten schools in the district, which, with the exception of one, I have been able to visit. To some I pay a monthly visit, while others are too far away to be visited regularly.

I have delivered seventeen babies, ten in the outpost and seven throughout the district. Whenever possible, I visit the prenatals once a month. If they are too far away, as some are, they send a specimen and a note to say how they are. The letters they receive from the Provincial Board of Health seem to be much appreciated and they find them very helpful.

In November a call came from 15 miles away to attend a mother, the man coming by saddle-horse. It was necessary for me to accompany him by saddle-horse, together with my equipment. When we had gone 8 miles we forded the North Pine River, which was very difficult to cross at that season of the year, water being 4 feet deep with ice floating. We rode up the pack-trail, which was very steep, and eventually arrived at the shack to find a kindly neighbour in attendance until my arrival. All went O.K.

Calls come in for various sicknesses. I stitched the face of a boy who had been kicked by a horse, and a man's hand which he had caught in a buzz-saw.

There are approximately 4,000 people on this side of the river, scattered over a very large area. During the very mild winter which we are having there has been little serious sickness. The people all seemed pleased to hear that there was a nurse coming into the country, whom they could call on in case of sickness.

All one seems to be able to do here is to render help whenever and wherever needed.

A. M. ROBERTS, R.N.

WESTBANK, PEACHLAND, AND INDIAN RESERVATION.

The nursing service of Westbank-Peachland District has just passed its first birthday, and it is my privilege to present this, its first annual nurse's report.

Adjustments have been found necessary and much time has had to be given to introducing the work to the community that all may know that nursing service is available to every resident. In carrying out its generalized service the Victorian Order of Nurses knows no colour, race, or creed.

One hundred and seven families have received nursing care. Of these, sixty-nine were medical cases and three obstetrical where nursing care was given to mother and babe. It is hoped some suffering was alleviated through giving of forty-three nursing visits to one cancer case. Twenty-five night calls were answered to all parts of the district and we appreciated the help given to the nurse in answering these calls, especially when the roads were bad. Thirty infant-welfare visits were made, the nurse weighing the baby and giving instruction to the mother.

Nineteen prenatal cases were given 135 visits, many of the expectant mothers seeking advice from the nurse at this time. Once we can get the mothers of our country to realize the importance of prenatal care, then, indeed, we shall be building for a future generation of healthy citizens.

Home-nursing and Mothercraft.—One home-nursing class with an enrolment of fifteen was organized in February, 1930. One mothercraft class was organized in January, 1931, with an enrolment of fourteen. The girls show keen interest in this work.

Well-baby and Pre-school Clinics.—Seven well-baby and pre-school clinics were held under Dr. Ootmar, with a total attendance of 108, which speaks well for the value of the work to the mothers of the community.

Tuberculosis Clinic.—A chest clinic was held in Kelowna in October, with Dr. Lamb, travelling diagnostician for tuberculosis, attending physician. Eight patients, either suspects or contacts, from Westbank and Peachland Districts, availed themselves of this opportunity for examination.

School.—Regular school inspection has been given, with 106 follow-up visits to school-children, in the hope of encouraging the parents to have defects corrected before serious harm has been done.

Dental Survey.—A dental survey was made by Kelowna dentists in May, when 124 children were examined. As a result, cards showing the work required to be done, with a maximum estimate of the cost, were sent to the parents. Some of the children have had this work done.

Twenty-four school-children were vaccinated against smallpox in Westbank by Dr. Ootmar in July, and twenty school-children in Peachland by Dr. Buchanan in August. Clinics for immunization against diphtheria were held in the fall in Peachland, Westbank Townsite, Westbank Ferry schools, and at well-baby clinic for pre-school children. Diphtheria immunization was given to ninety-four, including nine pre-school.

Health exhibits at Peachland and Westbank Fall Fairs created a very great deal of interest, and a health play, entitled "The Trial of Johnny Jones," put on by Westbank school-children at their fair was greatly enjoyed, if one could judge by the applause accorded them.

At our Annual V.O.N. meeting in Peachland on January 7th and Westbank on January 8th we were very much indebted to Dr. Knox, of Kelowna, who gave us a very interesting and instructive health talk, stressing care of the child up to school age and annual health examination.

We see much to be done in our school-health programme. We feel we have only knocked at the door, but trust that the ensuing months will see progress.

HILDA E. BARTON, R.N.

FRENCH CREEK AND DISTRICT.

Each year we look forward to doing great things, especially after the annual "refresher," when we receive so many new ideas for extending the work and giving a more efficient service. And each year we look back and realize that ours is not a service from which we get startling results, but

is rather one of helping to lay a sure foundation, upon which (as Miss Jones said) "a cathedral will be built in time."

Last year I worked very hard in Parksville District, when my other duties would permit, endeavouring to demonstrate the usefulness of a Public Health Nurse, and Parksville "came in" on the service last July. This means that I now have four districts instead of three; i.e., Parksville, Errington, Coombs, and Hilliers. This is really too much for one nurse, so naturally my programme is very limited. Interest in the nursing service in this new district is increasing, and perhaps the people respond more readily on account of the adjoining districts having had the service for some years.

There has been a considerable increase in the number of maternity cases during the last two years, and although this limits one's activities in some respects, yet it increases the possibilities for educational work; for I find that the people of any community are more open to conviction if the nurse can, and will, demonstrate her practical capabilities.

I was very gratified when the School Medical Officer on his annual examination remarked on the decided improvement among the teeth of the children of my older districts. On account of the distance to town, the correction of the dental defects is so very much slower than could be desired, but we are gradually getting there. The children, too, are taking a greater interest in the care of their teeth.

A hot drink at noon for each child carrying a cold lunch has been instituted in three of the schools, and this appears to be very much appreciated.

In this community the parents are very prompt about reporting suspected communicable diseases, however slight they may appear to be. This is such a decided improvement on the old adage, "Let them have it while they are young." One case of scarlet fever in a school-child was immediately reported, diagnosed, and isolated, thereby preventing the appearance of any other cases. I cannot speak too highly of this child's mother for her promptness in reporting, and for the intelligent manner in which she carried out the physician's orders. Needless to say, I am very proud that she was a member of one of my home-nursing classes.

I addressed the W.I. Conference held at Qualicum in October, and was pleased to see some immediate results of my talk. I gave them "A Day with the Public Health Nurse," and of course explained each phase of the work as I went along, particularly stressing the need for adequate prenatal care. Statistics of maternal and infant mortality were my greatest ally in this, for statistics, if put in an interesting manner, never fail to impress one's audience.

It is so very encouraging to feel that the work is extending. When I think of the growth of the work in this vicinity as evidenced by the addition of the new district this year, I am imbued with renewed enthusiasm in the prospect of what the future holds in store. I believe that it is only a case of marking time until another adjoining district will "come in." Of course that will necessitate the services of another nurse,

and after that, time enough for all clinics and classes; in fact, such a programme as I can only now visualize, but hope to help "put over" in the not-very-distant future.

If we endeavour to keep the possibilities ever before us, then when we look back and see how far we have already travelled, we just cannot help knowing that we are slowly but surely "getting there."

MARGARET M. GRIFFIN, R.N.

THE SAANICH HEALTH CENTRE.

Another year has passed and there have been more changes at the Saanich Health Centre. Miss Mabel Johnston was forced by ill-health to resign her position in May. Miss Mary McPhee, Nursing '30 U.B.C., succeeded her. In November Miss McPhee was appointed to the staff of the Child Hygiene Department of Vancouver. Miss Audrey Payne, a graduate of the Royal Jubilee Hospital, Victoria, has taken her place. Miss Payne came to us after a year's work with the V.O.N. in Montreal. In September Miss Mary Henderson accepted a position with the Vancouver schools, and was succeeded at the Health Centre by Miss Clare Rose, a graduate of the St. Joseph's Hospital, Victoria. Miss Rose took a public-health course in Washington and followed up the work with the American Red Cross in Seattle. Miss Rose and Miss Payne have brought with them some new ideas and we are expecting to make advances this year.

Our school and pre-school dental clinics are progressing well. Financial conditions are such that we are thankful to be able to carry on this work. Most of the children would be neglected were it not for the clinics. It still continues to be difficult to persuade parents of the advisability of repairing temporary teeth, but we are making headway and hope to overcome the most serious objections.

Our infants and pre-school children have been more thoroughly visited, due to the fact that we have been more fully staffed this past year. Nursing visits have been about the same. This type of visit is of necessity made even at the expense of our preventive work, but there has been no increase in our bedside-nursing. This past year our number of free visits to chronic cases has decreased materially and we consider this a step in the right direction.

By the time the BULLETIN is printed we hope to have disposed of the last of the Model T Ford cars and to have a coach in its place. This will give us two closed cars and one open model. Car expenses are down somewhat and our committee is finding it cheaper to get a better type of car.

Our committee has co-operated with us very well and our thanks are due to the members of it and to the Provincial Board of Health for their unfailing assistance.

ESTHER S. NADEN, R.N.

UNIVERSITY HILL SCHOOL.

As in former years, the Provincial Public Health Nurses have been kept well abreast of public-health affairs through the medium of literature and letters sent out through his Department by our indefatigable Provincial Officer of Health, to whom all praise and appreciation be given. Of the many and varied subjects placed before us for our consideration during the 1930-31 session, perhaps the most interesting was that which hailed from the Okanagan Valley as the result of efforts put forth by our very own Mrs. Grindon and Miss Tisdall. The fact of the Okanagan teachers sitting in conference with the nurses, and the honouring of representatives of our profession at the banquet afterwards, is a sign of the times in which we live, and bespeaks a great future for health-education work in the Okanagan. Upon reading about all these wonderful happenings as outlined in Mrs. Grindon's letter, I was inspired to visit the University Hill School and talk matters over with the principal, who hails from the Okanagan, and was principal of Penticton School for some years, in order to ascertain his opinion about health matters generally, and school-health education work particularly; but more of this later.

It may interest my fellow-nurses to know something of the health-education programme as conducted by the teachers at University Hill School. The health plan, as such, is not very spectacular, and might not be considered in the light of a health-education plan at all when compared with some of the very progressive programmes as carried out in municipal schools, but I think it is very good and in certain respects quite unique, in that it carries out instructions, as outlined in Form H, for the guidance of teachers, in order to enable them to safeguard the health of the pupils committed to their charge. Form H was issued by the Provincial Health Officer as far back as 1913; therein, also, the duty of the teacher is pointed out in regard to the careful filling-out and keeping up-to-date of Form A; the teachers being admonished thus: Bear in mind the card Form A has to last the whole school-life of the child; and, further, when a child transfers from another school within the Province, secure his previous card. Both forms might very well be brought up-to-date in order to meet present-day requirements, but even as they stand to-day, if the instructions as outlined are faithfully carried out, they represent a valuable piece of health education for teachers, pupils, and parents alike. For example, teachers are requested to make a routine inspection of all children at the beginning of each term; explanations are outlined covering the exclusion and readmission of pupils; weighing and measuring with accurate recording of facts have a place too, and it is pointed out that a healthy child makes a more intelligent pupil. So much for Form A and its bearing upon the health programme as carried out at University Hill School by the teachers. Another important health measure and precaution taken by the principal of this school is that of each year preparing a list of names of those pupils who have never previously been vaccinated against smallpox; consent or reason for refusal is obtained in writing from the parents, and full information placed at the disposal of the Health Service; the procedure has resulted in a 90-per-cent. vaccinated school population,

including the five teachers. I look upon this as an excellent piece of health education, and of particular value to young teachers who are charged with the education of our potential citizens.

Referring back to my discussion with the principal about health matters, he pointed out the difficulty of keeping Forms A and H because some of the questions are duplications of those required by the Education Department; notwithstanding this, the Health Department requirements are carried out punctiliously, even to the exclusion of pupils who have uncovered sores, whom he will not permit in the class-room, and only asks that he be given a full measure of support from health officials, because his experience of parents in no way differs from that of any other worker; he finds grateful parents and those who are not only not grateful—with emphasis on the not—but very uncomplimentary into the bargain. The principal has a method of regularly checking the ventilation of class-rooms throughout the day by means of taking a class period in each room himself; that is to say, a class period will last forty-five minutes, when the principal goes to another class-room, the teacher going to the room in which the principal has just completed the last period, and so on until he has been through all class-rooms himself. The benefit of this arrangement, he points out, is that it quickens observation regarding foul air in a given class-room, the teacher being apt not to notice the condition if stationed in the same room for all periods. He conducts classes in hygiene from Grade IV. on, but does not make it a credit subject; his effort being along practical lines, his desire being visible signs during the school-day of his subject having gone over.

Then, gentle reader, you will be wondering what the nurse does. Well, she is responsible for the regular inspections, vaccinations, follow-up, and last, but not least, interviewing the grateful (and otherwise) parents.

Summary.—The value of the foregoing programme depends largely upon what constitutes health education. Forms H and A place direct responsibility upon the teacher for the prevention and spread of communicable diseases—a logical arrangement, since it is estimated that five-twelfths of the child's waking life is spent in school, and not infrequently teacher is the first "grown-up" to see him in the morning. Regarding the duplication of history required by both the Education and Health Departments, this no doubt will be adjusted in the course of time. Finally, I would pay tribute to the principal and teachers of the University Hill School, because they are the first I have met who take the Health Department instructions at all seriously as outlined in the forms mentioned; in fact, remarkably few teachers and, let it be whispered, fewer nurses even know Form H by sight. While Form A may have the name of the pupil concerned inscribed thereon, the balance of the history is usually left to the conjecture of a bewildered School Medical Officer, and the rarity of transfer of Form A with the pupil is common knowledge and need not be elaborated here.

C. A. LUCAS, R.N.

CHICKEN-POX.

One of the great tenets of health organization is the education of the masses in the matter of health. This in great part has been accomplished through the public-school teacher, and an attempt has been made to bring home to these teachers certain truths, which may be exemplified by referring to a recent epidemic of chicken-pox. There has been some difficulty in destroying the illusion that all schools must be closed in order to control all epidemics. Teachers and parents share this belief and this epidemic of chicken-pox in North Vancouver did much to change this opinion. With this in mind primarily I have chosen as my subject, Chicken-pox.

I do not refer to chicken-pox in the abstract, but to a definite epidemic, which was traced to a very mild case of chicken-pox occurring during the Christmas holidays of December, 1930, and which I discovered on January 5th, 1931, when the daily absentee-list was turned in at the Health Unit Office.

As is usual, when following up our absentees, I visited the home of this particular case and was told that ten days before, approximately December 25th, 1930, the boy had "some peculiar spots" which the mother called hives. Two days after the appearance of these spots the boy attended a Christmas-tree festival. On January 9th and 10th nineteen cases of chicken-pox were discovered, following up the report of absentees. Investigation showed that the school-children who suffered from chicken-pox had all attended the same festival and associated with the same case. This instance furnished conclusive proof that the incubation period is from fourteen to twenty-one days.

The cases were immediately isolated and instructions were given to the mothers, explaining the precautions necessary to prevent the spread of the disease to the children of the families and to the neighbour's children.

The cases were among children attending different schools, thus showing that no one school could be responsible for the spread of chicken-pox. The fact that the schools were opened at the time made the cases easy of discovery and made possible control of contacts and the suppression of the epidemic. Further, the commendable co-operation of the doctors in reporting the cases facilitated the work of the Health Unit in controlling the epidemic.

The most interesting phase in the history and study of this epidemic was the diversity of sign and symptom. The cases showed nearly all the varied distribution of the eruption mentioned in the literature, including mucous membrane of the mouth, the eyes, hands, and feet. In many instances large superficial pus blisters, the size of a 50-cent piece, appeared, and some left scars. Several of the cases considered apart from the epidemic might have been mistaken for smallpox.

I should like to emphasize the following points:—

- (1.) That the epidemic started during the school holidays.
- (2.) How easily a mild case may cause an epidemic and give rise to severe cases, as well as the mild.

- (3.) The tracing of the epidemic to the common source of infection.
- (4.) That the period of incubation is from fourteen to twenty-one days, with the majority from fourteen to sixteen days.
- (5.) Age group; all these children were approximately the same age.
- (6.) Diagnosis confirmed by six children showing marks of successful vaccination done within two or four years.
- (7.) How easily epidemics are controlled by isolation methods.
- (8.) A great deal of aid was given by the co-operation of the medical profession.

Working on an epidemic such as this further confirms the great efficiency of the follow-up work of the Public Health Nurse. By this follow-up work parents and nurse meet on a common ground of co-operation, understanding, and sympathy, and it is perhaps one of the greatest factors in education of mother and child and promotion of health.

ELIZABETH LOWTHER, R.N.,
North Vancouver Health Unit.

THEN AND NOW.

When I graduated as a Public Health Nurse I had very definite ideas about how I would organize in a new district. First I would have a good-sized photograph on the front page of the local paper, at least a month before I would arrive, with the announcement of said arrival, all my credentials published, etc. I had visions of closing hospitals and seeing all the people living a strictly hygienic life. All children would soon drink milk, eat lettuce, and be in bed at 8 every night. There would be no cancers, tuberculosis, or any infectious diseases in the district as a result of my public-health programme. All this, and even more, was to be quite fully accomplished in at least four or five years. These visions came in spite of being warned in classes that we must expect the work to move slowly, etc.; but *I* would make things hum when I started in a district of my own. I would get school-work well established; hold a baby clinic each week, with all the babies in town attending; have a monthly T.B. clinic; be in every home and know every man, woman, and child by their first name, in the first year.

So much for untried theories—now something practical. This is another story.

When I arrive in the district I find that many have not seen the paper containing my advance notice, and have never heard of me—did not even know there was to be a nurse—a Public Health Nurse. What does she do, anyway?

After much explaining here and there in small groups and in homes for a few months, people begin to know who I am and something about the work I am trying to do. I soon find out that great distances, weather, and many factors prevent having baby clinics for some time; in fact, I was in one district three years before I even had a weighing-station running properly. I had for a long time to be content with seeing a few babies in the homes. There is no doctor to take charge of the T.B.

clinic, so that plan must be tabled for the time being. Many people cannot afford to pay the doctor and dentist, so correction of defects in children must be delayed. So one works on for months amidst this delay and that, and finally must feel resigned to report about one-third as much work really accomplished as was first planned.

Experience is a good teacher. It may be an expensive and slow method of obtaining knowledge, but one learns many interesting lessons as a Public Health Nurse. It is surprising from whom and under what circumstances these lessons come in the school of experience. Day after day and week after week knowledge accumulates. Wisdom may linger when it comes to making use of the lessons, but if the Public Health Nurse maintains her sense of humour she will have gone far towards success. She must not be discouraged by disappointments, but look for the silver linings that are always to be found somewhere, firm in her conviction that eventually will dawn that day so well described by Lord Tennyson:—

“All diseases quenched by science, no man halt, or deaf or blind.
Stronger ever born of weaker, lustier body, larger mind.”

Perhaps I have allowed the pendulum to swing too far the other way and am content with too little, but I believe I have really learned now that Rome was not built in a day.

Our progress in Penticton has been encouraging. Work was started only last September in the schools, so one cannot draw conclusions as to results in such a short period. But school attendance has been better this year, the classes continuing without interruptions by infectious diseases.

Although my work has been almost entirely connected with the school, I have had some opportunity of advising mothers in the care of smaller children when in the homes.

We are having weekly health talks in each class in the elementary school, and classes in baby care and home-nursing in co-operation with the Home Economics Department of the Junior High School.

We are carrying on quite a successful milk campaign at present, with the object of getting more children into the milk-using habit, and supplying milk to those who do not have it at home.

Much of the success I have had is due to the splendid co-operation received from the School Board, teachers, doctors, and parents. In fact, every one seems interested in improving health, and with such combined effort we are hoping for even greater things in the future.

M. A. TWIDDY, R.N.,
Penticton.

LADYSMITH.

On my arrival at Ladysmith about five months ago I was pleased to find the district in general in a well-organized condition with regard to public-health work.

The school dental clinic under Dr. Verchere, which was recommenced last year, has been carried on most successfully. Practically all

the important work on the children's teeth has been done and a satisfactory scheme for follow-up work adopted.

I have had the hearty co-operation of the School Board throughout in the dental work, and we are endeavouring to make arrangements for the children from the country schools in the vicinity to attend the clinic. The School Board has a dental chair and all the work has been done in the health-room of the public school.

Probably the most progress this season has been made by the well-baby and pre-school clinic. The first clinic was held at the Ladysmith Agriculture Fair last September, sponsored by the Oyster Bay Women's Institute, and so much interest was shown that a regular fortnightly clinic has been organized. These are held at the school health-room with very encouraging results. The mothers from the surrounding district have been invited to attend the clinic and they have certainly availed themselves of the opportunity, though owing to difficulties of transportation I have been unable to do as much of the following-up work as I should have liked.

Dr. Lamb paid us a very welcome visit, and his report shows that conditions in the district are generally satisfactory.

I am sorry to report that our Medical Health Officer, Dr. Maxwell, and also Dr. Baird are leaving the district. Both the doctors have been untiring in the assistance they have rendered to the baby clinic and public health generally, and the thanks of the district are due to them for their much-appreciated efforts.

J. WORTHINGTON, R.N.

PUBLIC-HEALTH NURSING IN MONTREAL AND SAANICH.

One must realize that this is not so much a comparison as an observation of public-health work in two very different districts; i.e., Montreal and Saanich; one a congested city, the other a rural community. Thus the problems of the city are not the problems of the country in most cases. These individual difficulties are no easier to solve in the city than the country. The health-workers' road is rocky, but they must consider the future and not the immediate present. The foundations we are laying are for the generations to come.

Naturally the methods of instruction have to be adapted to the particular district in which they are carried on, but this in no way affects the aim which all public-health workers have in view, no matter what the district—education.

I think the proverb, "Charity begins at home," might be paraphrased as "Public health begins at home." It is only reasonable that one cannot teach anything convincingly that one is not already convinced of oneself. This is being carried out to a certain extent in Montreal. The Public Health Nurses are subjected to a thorough physical examination once a year at least, and oftener if necessary. This is being enforced in some of the larger training-schools too, and is not limited to Public Health

Nurses. The V.O.N., one of the largest public-health organizations in Montreal, has its own physician, who attends all V.O.N.'s free of charge. The nurses are X-rayed at the least suspicion of chest-trouble, and blood tests done if they appear anæmic and run-down. In this way the nurse is practising one of the principles she teaches to her patients—prevention rather than cure.

In the Province of Quebec great stress is laid on prenatal care and the prevention of tuberculosis, due to the fact that that Province has the highest infant-mortality rate and the greatest number of tuberculosis patients. As there are more cases of tuberculosis than the sanatoria can care for, an appreciable number are cared for in the home. As there are more patients suffering from tuberculosis being cared for in the home in Montreal than in other districts, the nurse must be prepared to give very explicit instructions *re* the care of the patient himself, and for the safety of the other members of the family. The prenatal work in this city has made great strides in the last two years. A great deal of the success in this branch of the work is due to the co-operation of the Metropolitan Life Insurance agents and the doctors, who report all their cases as soon as they are notified and request that they be visited. The patients themselves are glad to have the nurse visit them and help them make their preparations for the confinement, which usually takes place at home. Very few patients among the working-class of Montreal go to the hospital for their confinements.

In British Columbia, where even in the rural districts the majority of maternity cases are sent to the hospital, the nurse does not come in contact with as many prenatals. They do not seem to feel the need for a nurse as much as the patient who remains at home. The first visit to a prenatal remaining at home for her confinement is usually to advise her about preparations for the confinement and to ascertain the date of the impending event. The nurse often solves many of the worries attending pregnancy during this first visit, and so is welcomed back again when something new may be instilled into their minds. On the other hand, the patient expecting to be confined in the hospital does not have to worry about preparations, and thinks that two or three visits to her doctor are all the supervision necessary during pregnancy.

The control of contagious diseases in British Columbia seems to be more wisely exercised perhaps than in Montreal. In Montreal, unless the patients live within the city limits, it is too expensive for them to go to the isolation hospital, as the people living in the suburbs, such as Verdun, are charged double in the city isolation hospital. This means that a great many cases are cared for in the home by the communicable-disease service carried on by the V.O.N. However, the breadwinner of the family is not quarantined, but goes out to work as usual, riding on crowded street-cars and working side by side with his fellow-workers. This state of affairs tends to spread the disease rather than curb it.

Here in Saanich the nurses are carrying on more work among the school and pre-school children than in Montreal. The fact that a child is not allowed to return to school after an absence of three days without a permit from the nurse means that a check is kept on the child's health

and home conditions. Also younger members of the family come under the nurse's supervision, of whom perhaps she had not been previously aware.

I believe that a certain amount of publicity is necessary in public-health work. The work being carried on and the results obtained should be kept before the public to stimulate their interest. Practical demonstrations are always impressive and give the people a clear idea of the work and methods used to accomplish the results presented to them. This is a very usual form of gaining public attention in Montreal, and has met with the success due such an undertaking. A rather unique method of publicity was the calendar for 1930-31 distributed by the Provincial Bureau of Health for Quebec. On each of the twelve pages is pictorially represented one or more of the activities of the Department, explained so clearly that even a child may understand.

Regardless of the district or country, there are always obstacles in the path of public-health workers that only time and hard work can overcome. To each particular district their troubles seem to be the most involved, but if they realize that other districts are battling against their troubles too, all with the same aim in view, public health cannot but become more firmly established and the difficulties obliterated.

AUDREY B. PAYNE, R.N.,
Saanich Health Centre.

KEREMEOS, CAWSTON, UPPER AND LOWER SIMILKAMEEN RESERVE.

On the whole, the year I have spent here has been a busy one and full of interest. The work is varied; besides the health instruction in the schools and the carrying-out of all prevention measures, all cases of illness are brought to my attention. I try to cover all branches of a generalized programme, as it is the only type of health-work that fits in well in this community.

We are handicapped by being so far from a physician. When a householder has to pay \$35 for a single visit from a doctor he usually hesitates to call the doctor unless the case is very urgent. When we are in doubt at all we telephone to the doctor, who usually decides to have the patient sent to a hospital under his care. One visit from a doctor is not going to do much good, anyway. We have become quite expert in making up beds in the back seat of a car and the 32-mile trip evidently does no harm. An acute appendix is my chief worry. The symptoms of appendicitis do not always follow the rules laid down in the text-books, and a car ride would not be particularly beneficial.

Frequent inspection of schools and keeping the teachers posted as to the symptoms of various diseases and immediate reporting of absentees, followed by a home-school visit, keeps a pretty good check on the infectious diseases.

I organized a toxoid clinic in October. Dr. D'Easum was very much in favour of immunization and entered into the spirit of the thing splendidly. We inoculated twenty pre-school, sixty-eight school-children, and three teachers. This represents at least three-quarters of the school-children in the district.

The clinic was conducted in the school. The doctor brought several 2-c.c. syringes and lots of needles. We had a gasoline-stove for boiling up the needles. Everything went on smoothly and quietly. During the whole procedure there was scarcely a sound. There were practically no reactions, the attendance at school being particularly good during this period.

At Cawston the Women's Institute took it upon themselves to pay the doctor's expenses for the clinic there. Being a small institute, they devote their energies to the local needs.

Just before Dr. D'Easum, our Medical Health Officer, left in December we had four cases of smallpox in the district. This of course precipitated a vaccination clinic. We held one in the school and one in my office; 172 were vaccinated.

I hold a well-baby clinic twice a month. The pre-school children come once a month. We only weigh and measure the children, distribute health literature, and discuss matters pertaining to the health and well-being of mothers and babies. The Keremeos Women's Institute kindly loan me their meeting-room for the clinic.

I carry out a prenatal programme, canvassing those who do not report within a reasonable time. The majority report about the fourth month. I often have to arrange for an appointment with the doctor and also for transportation for the patient. I find that it takes considerable persuasion to have the mothers go for their sixth-week postnatal examination. But reminding them that they are not getting full value unless they go, helps.

Regarding correction of defects for school-children, some progress has been made. Four children, beginners for September term, had tonsils and adenoids removed during the doctor's sojourn in Hedley.

A travelling dentist comes every three months. I get as many children as I can to go to him for dental work. I can help transporting them, anyway. Defective teeth are very noticeable here, chiefly, I think, because we have had no dentist for nearly two years.

I found severe eye defects this spring during our annual physical examination. These have been attended to.

So, on reviewing the work, a little has been accomplished, but there is much more to be done.

I must say I get splendid co-operation from teachers, School Board, and parents. Doctors, too, are always willing to help and to advise and co-operate in every way possible.

I enjoyed Miss Kerr's visit this spring very much too. It helps to talk to some one who understands.

I also had a visit from Miss McManh and Miss Hall, V.O.N. supervisors. This was in connection with the Indian work in the Similkameen. There is a great deal to be told about the work among the Indians. The

problems there would fill a good-sized volume. I shall dwell on that some other time.

The Department of Health is always helpful and seems to radiate friendliness and interest through all its correspondence.

B. THOMSON, R.N.

A DENTAL CLINIC IN A RURAL DISTRICT.

It all began with a little 5-year-old saying to her mother: "See, Mummy, I've got two teeth in the same place, right in front. Isn't that funny?"

The mother watched, with sadness in her heart, as the new teeth finally developed with a crooked bite; one pushed right inside the bottom teeth, the other normal, quite spoiling the beauty of an otherwise pretty child.

"Oh, why," she said, "cannot we have a dentist within reasonable distance to which we can take our children?" And then came a further thought: "I am not the only mother whose children's teeth need attention. Many a child, less healthy than mine, is suffering from toothache. Did not our Medical Inspector last year report 'teeth needing attention,' and nothing has been done?" Indeed, what could be done, as at that time visiting a dentist meant either a trip to a city by boat (over 100 miles away), or by a gas-boat to Vancouver Island; there, catching an early morning stage over rough and narrow roads, to a small city, returning late in the evening—a tedious and expensive day.

So we followed on with: "Would it be possible to get a dentist to visit us, if we mothers combined and organized?" The local Women's Institute was consulted and the Secretary sent a letter of inquiry to the Provincial Health Department, Victoria. A courteous reply was shortly received from the Provincial Board of Health.

Extract from letter dated March 16th, 1928: "As regards a dental clinic, we should be glad to assist you if you get in touch with the neighbouring schools, and we will probably be able to arrange for some service during the summer months. It is difficult to get a dentist, but we might be able to get one who would take a holiday and spend a couple of weeks in the district."

This was the starting-point. The idea that the school was the place to start suggested a study of the School Law. Here we found that a thorough examination of the children's teeth could be arranged for by the School Boards (secs. 83 (*i*) and 102 (*f*)).

We approached the School Boards of our island—at that time we had three local schools—and they were quite willing to have their sacred precincts invaded. A dentist was found who had commenced to visit our nearest point on Vancouver Island once a week. We approached him as to whether he would take over the examination. The Women's Institute put up the boat-fare. The car transportation to the three schools was given, and an exhaustive examination of the children's mouths was under-

taken, the dentist's fee and any other expenses he thought fit to charge being borne by the Government. The result was horrifying; 95 per cent. of the children need attention badly. Some had every molar in their jaws decayed.

Then the first clinic was arranged. The dentist promised he would spend a week with us in the summer, provided we would guarantee the bills and a sufficient number of children to make it worth his while. Further appeal to the Government brought the cheering news that in order to help out these long-neglected mouths they would guarantee 25 per cent. of each bill, leaving the dentist to collect the balance; but in the case of those certified indigent by the institute the Government would bear the whole expense.

So the first clinic was arranged for August, 1928, and was very successful. Nearly all the children attended (a few had been to town during the holidays). The parents paid what they could and the Government made up the deficit. Institute members gave the dentist board and room, boat-fare, and transportation to the children. The dental apparatus was set up in the Church Hall by permission of the Vicar. There were a few dissenting voices—that the dentist had put in fillings which dropped out immediately, and that he had even made holes to put the stoppings in; but these grumblers were mostly to be found among the indigent class. It was something of a shock to learn that, after we had done our best, another large bill had gone in to the Government for further clinic expenses; this was, I believe, paid. We began to wonder if our first real snag had been to choose a dentist who rated his services exceptionally high, but it was such a favour to get a dentist at all; the work was well done, so we must carry on at all costs.

Now, our first object was to become self-supporting. How were we to do without Government aid, and, most important of all, how were we to secure attention for every child?

The school trustees, says the School Law, can provide a dentist and need not collect the bills unless they think fit, in which case the bills are borne by the ratepayers. The Government, who could not be expected to continue the first generous allowance, offered as a permanent assistance 50 per cent. on all bills of those stated by the School Board to be unable to pay. A little arithmetic worked out as follows: Bills amounting to something over \$200 for forty-odd children averaged, roughly, an allowance of \$5 a year per child. For a school of twenty children a sum of \$50 would pay half of each child's bill—\$2.50 per child—the balance being paid by the parents or, if indigent, by the Government.

Thus the dentist is secured, and with a prospect of two or three schools does not mind the inconvenience of setting up his chair in a new place for a few days each year, especially as there are always some adults who are only too anxious to be spared a trip to town.

Theoretically, so far, so good. But to continue my story.

Owing to the law of the Education Department that annual school meetings be held at the same and identical time, I was unable to be in three places at once. I therefore wrote down my ideas as clearly as I

could, asking each School Board to vote \$50 as a fund towards the establishment of an annual dental clinic, the money to be spent on the children of ratepayers only (any renters being usually able to pay the full bill).

My own school, where I was able to endure a fusillade of questions, passed the measure, and has done so ever since.

School No. 2, since closed because of the dwindling attendance, turned it down indignantly—one parent going so far as to say that he believed that cleaning the teeth rubbed off the enamel. The Secretary, who was on my side, told me privately: "I think, if you can get the clinic, the children will attend all right, only they will have to pay the full bill." This, as a matter of fact, they did; their bills being a quarter of what they were the year before.

School No. 3 was very vague. "We were rather hurried," the Secretary told me, "and there was not much discussion, but there will be plenty of money to allow \$50 for the purpose, I think. No, it wasn't clear about each ratepayer getting half off their bills. They said they would pay all if they could."

And so the second clinic was arranged, full of mistakes and snags and pitfalls, some of which have not yet been rectified. I record them so that other districts may take warning from our experience.

I started with the impression that the good-will of the parents was mine—that all I had to do was to produce my dentist and they would rush to place themselves in his hands and pay his bills. With this erroneous idea, I omitted the Government inspection, to save expense. Herein lay the mistake, as the parents, judging only by the absence of toothache, considered the teeth did not need fixing, as they had been done "so recently"; had they had the little blue scored cards, fear might have entered their hearts and their attitude would have been a call for help. Also, if the dentist gives a duplicate summary of affairs, it helps in making personal calls and is a check on neglectful parents.

Mistake No. 2. The children were taken in batches from school for treatment at the dentist's office. There was an outcry from some parents who had misunderstood or not read the notes sent home a few days before, in which it was stated that this would be done unless they wrote requesting otherwise. One mother said: "I knew my husband wouldn't want the children to go, so I burnt your note before he came home." Then, when the children were carried off, the husband loudly declaimed against compulsion, but the children smiled. Afterwards the mother thanked the convener on the quiet and the Government paid the bill.

Another case was two 12-year-old children, newcomers to the island, with badly neglected mouths. The children were so anxious to accompany the convener and have the work done that one rather took the guardian's permission for granted. Later, when they left the island with the bill unpaid, it was a heavy item for the School Board and they naturally had to blame somebody.

Still another instance (has not every district one or two of these?). The father wailed that he didn't see the need of fixing children's teeth, or, as he put it, paying for cleaning and fussing with them; but if the

Government liked to do it, it was all right with him. For himself, he couldn't, or wouldn't, and therefore didn't. Poor children! Such a father!

But the worst snag of all was the dentist. Fussing because more children did not come, charging for minutes spent in chatting or between the patients' visits, and finally, faced with an array of unpaid accounts at the end of his stay, he demanded settlement at once.

The distracted School Secretary of No. 3, forgetting that Government help had been promised, and only remembering the \$50 limit on the school funds, paid this over in full, thus settling up for the large bills of the unwilling ones, whereas he should have only paid half of each account.

At the July school meeting the ratepayers, especially the ones who had paid, demanded to know where this \$50 had gone, and firmly refused to vote any more money for such foolishness. A refund of nearly \$25 later on, from various sources, helped to smooth matters somewhat.

Another year went by, and I prepared, rather wearily, to see what could be done about dentistry.

The inspection duly took place, but I could arouse no interest in a clinic. I commenced a lengthy correspondence with the dentist *re* time and place, but could not come to an agreement as I could not promise any definite number of pupils, neither could I decide who was to pay the clinic expenses he demanded. Frankly, the people were not interested; even the institute suggested "tea and adjournment" when the medical report was mentioned.

Then, the little cards did their work, in spite of the fact that there were teeth marked faulty which had not yet arrived, and teeth marked for extraction which were much better left in. (This is a fact; I cannot explain it!) The situation was saved by a chance visit of a travelling dentist, who tied up at the wharf for a day or two on his way north. He was besieged by anxious parents, and he delayed as long as possible while many families received clean sheets for their little blue-scored cards. We asked him if he would take the clinic, and he said: "Yes, but not for six months." There would be no "clinic expenses"—all that was necessary was to bring the children to him to have their teeth fixed at the regular rates. And this is what actually happened and which constituted the third clinic of 1930.

With the change of dentist much of the antagonism vanished; as, also, the mysterious allusions as to "what she was getting out of it," after the dentist's clinic charges were eliminated. The parents of our own school had always been friendly, and quickly arranged appointments for examination and repair. The bills were quite small and reasonable; these children having had regular attention, the mouths are getting into fine condition; the dentist remarked that there were few districts on the Coast that could show a better set of mouths; the School Board paid the half of each bill, and as the sum total was \$28 they have only to vote that amount this year to keep their allowance of \$50 on their books; the other half of the bills was met by the parents; there were no indigents and therefore no Government assistance.

So far, so good; but what of the other school, which had not any support from the funds of the school? Many parents took advantage of the presence of the dentist, and saw that their children were attended to; but not all. These neglected ones must be rounded up after the next inspection, which will, I hope, be undertaken by the dentist who has taken over the work; and I feel quite confident that either by the help of the Women's Institute or by private sources we will be able to get them seen to. I do not quite see how we can get *all* the children attended to without the help of the School Board, and that seems a little difficult in the present instance owing to the mismanagement mentioned above.

But, after all, we have only worked for three years. The Provincial Health Officer, in one of his helpful talks, told me once that he looked for a clinic to be self-supporting in five years, so we have two years yet to go before we can expect to have things running smoothly. I believe the new Secretary of the School Board in question to be in sympathy with the clinic and together we shall evolve some plan. The statistics of the third clinic—seventeen children, as compared with over forty in other years—does not really state the true position, as the dentist found himself very busy for ten days with adult work, as well as with the other children who do not show upon the tabulated list.

In conclusion, I am happy to be able to tell you that, with proper dental care, the little crooked tooth that was the original cause of all this effort is now *quite straight*. That and the loving smiles of all my "island children" is *reward* sufficient for any one plain mother.

A LAY WORKER.

ACTIVE IMMUNIZATION AGAINST DIPHTHERIA, KELOWNA.

Since prevention is the key-note of all public-health work to-day, the campaign against diphtheria was undertaken not because there was an epidemic in the town, but to forestall the possible occurrence of such an epidemic. Last year our efforts were concentrated on scarlet fever, when 297 school-children received inoculations; this year diphtheria-prevention has claimed our attention.

The campaign was begun early in October. Over 1,000 pamphlets written by the Health Officer of the district, Dr. Ootmar, explaining the procedure, giving the dates for the proposed clinics, and the places they would be held, were sent out to the parents. The general public were educated by a health film entitled "New Ways for Old," which was shown at the local theatre. Dodgers and free literature were also freely distributed. Interviews were arranged for people interested in the subject and the whole matter thoroughly explained to them. The educational work undertaken the previous year in connection with the scarlet fever inoculations and the results of the campaign, not only in the low number of actual cases occurring here, but also with the comparison of figures in towns where such preventive measures had not been taken, did much to put the second campaign over.

Two tests were first given, the Schick and the toxoid reaction. In the latter test thirty positive reactions were obtained. These thirty were eliminated from any further inoculations. All told, nine clinics were held, with a total attendance of 1,420, which included school-children, teachers, and some pre-schoolers. A total of 1,874 inoculations were given. In no cases were there any marked reactions reported; slight indispositions in the nature of a mild general malaise were noted in some cases. A few of the cases developed rather swollen arms, but they soon subsided under treatment.

A more detailed report of the campaign follows:—

School-children, 454: Schick test, 454; positive, 284; first inoculation, 329; second inoculation, 308; third inoculation, 293.

Pre-schoolers, 5: First inoculation, 5; second inoculation, 2; third inoculation, 1.

Teachers, etc., 9: Schick test, 9; positive, 4; first inoculation, 4; second inoculation, 3; third inoculation, 3.

Children completely immunized: 1930, 293; 1929, 16.

Pre-schoolers completely immunized: 1930, 1.

Teachers, etc., completely immunized: 1930, 3.

EDITH W. TISDALL, R.N.

PUBLIC-HEALTH NURSING IN FERNIE.

The country in general is doing a great deal of pessimistic grouching, but I think it is much the same as the feeling we all (or mostly all) get after the Christmas holidays; the remedy for which is usually calomel.

We have been so prosperous, and luxuries have become as common as necessities, until we are fairly gorged with them; and this general lassitude and depression in all branches is also the natural outcome of such conditions. A little plain fare and the calomel of abstinence from luxuries may be the means of restoring our natural and national cheerfulness and optimism.

Upon looking back over my work here, I find:—

Re Teeth.—The conditions have improved at least 75 per cent. and the children take a keen interest in trying to keep up to standard. In the high school almost every student has a good set of teeth, and they are kept beautifully clean in the majority of cases. Amongst the younger children a great many defects are not corrected, but, wherever it is financially possible, the parents have the children go to the dentist when necessary. A great many children over whose first set I worried have perfectly beautiful permanent teeth; and a few who never use a tooth-brush have teeth that glisten like pearls—so there is some influence besides the Public Health Nurse which comes to their aid.

Re Goitre.—We have had and still have quite a number of cases, but the majority of them begin to disappear at the age of puberty. The exceptional cases are treated by their own physicians, and quickly respond to the treatment prescribed.

Re Contagious Diseases.—The winter so far has been exceptionally mild, and beyond two cases of chicken-pox we have had nothing since last spring.

Re Skin-diseases.—We have had two cases of scabies, which quickly responded to treatment; and that is all we have had since last spring, beyond slight affections which I am able to treat and keep the child in school.

Re Chest Conditions.—Again, this year, even the “common cold” and cough have been conspicuous by their absence. Dr. Lamb, Travelling Medical Health Officer, visited us in October and saw all suspects, reporting several to have made good progress. One of our boys who left school last year is now a bed patient and will go to Tranquille as soon as he can be taken in. His case has come under notice before the trouble has become very serious. Two of our small children are still in the Solarium and are reported making good progress. Those who have returned to Fernie are trying to carry out the instructions given to them by Dr. Wace.

Our work this year has included a great deal of relief-work, and in that respect the co-operation from all sides has been a real joy. I am a member of the I.O.D.E. and also the Benevolent Society, and working in conjunction with these institutions prevents so much overlapping and saves so much time in investigating. The City and Provincial Police Forces also give splendid aid, and the City Council has things well in hand. This Christmas we formed a Christmas Cheer and Relief Fund—the Relief Fund part of it to remain in operation as long as it was needed and the funds lasted. The community contributed splendidly and we were able to give generously to all in need, and hope that the remainder of the fund will carry us through until the spring, when road and city work will open up again.

As formerly, the interest and help of the parents has been splendid, and the school staff, doctors, and School Board have co-operated at all times in the most courteous manner.

In closing, I should like to add a word of thanks and appreciation to the Provincial Health Officer and his staff for the ready help and understanding which we receive from them at all times.

WINIFRED SEYMOUR, R.N.

IMPRESSIONS.

As I have been in the district only about six weeks I have not much to relate. The area I cover is a fairly large one and includes eight schools, six of which are visited weekly, with general inspections monthly; the other two, being very distant and transportation most difficult, are visited less frequently.

Upon arriving at Duncan the beautiful scenery impressed me greatly; an air of peace and quietude seems always to permeate the atmosphere; this, together with the kindly consideration and helpfulness of our Provincial Health Officer, should provide sufficient inspiration for a Public

Health Nurse to do her best, apart from the variety of interesting cases met with daily.

My impressions received in the various schools were of pleasure as I noted the evident interest of the majority of the pupils in health instruction and general cleanliness, and the excellent co-operation of the teachers in all matters relating to health.

The idea of prevention rather than cure is often difficult for the public to realize; however, health-teaching is beginning to be understood by the laity, and they are appreciating the fact that a system of training in good health habits systematically taught in all grades proves an incentive to better work on the part of the child and is a link between the home and the school.

Children are more susceptible to suggestion than adults; young people must be led to desire good health because of what it will aid them to accomplish. Health in the abstract makes no appeal to children, but as an aid to achieving undertakings in which they are vitally interested will take a firm hold of them.

Rather an amusing and striking example of suggestion was exhibited on the part of a class in one of the schools I had been speaking to about posture. The teacher informed me the class later were discussing the subject, and several remarked they would rather stand straight and not look like a "question-mark." I had used the question-mark as symbolic of the appearance of poor posture.

The day has gone when it can be assumed that young people will adopt healthful modes of living without anything being said to them about the matter, or without making a study of the requirements for the promotion of health under present-day conditions. The first and chief essential, therefore, is that pupils should be made aware of the habits necessary to develop healthy living and maintain vigour for every-day needs. It is only by patient and cheerful endeavour that the trail of effective effort will broaden into the highway of accomplishment—but it can be done.

LEDWINA H. SERVOS, R.N.,
Cowichan Health Centre, Duncan, B.C.

ESQUIMALT RURAL NURSING SERVICE.

Those of us who have been engaged in the public-health service for some years have been asked this year to write something along comparative lines.

Last year also, my contribution was along the lines of comparison; but whereas my last effort dealt more particularly with the actual conditions as we found them, compared with conditions at the time of writing, this time I would like to go a little deeper and compare, if possible, the trend of thought to-day with that of a few years ago.

We all remember those first few years, when a small band of nurses went out into the field at the request of the man who foresaw what

public-health service would mean to the country. Then there was no beaten path for us to follow. It was a new movement, and we were working under difficulties, more or less in the dark, and groping and working towards the light.

Gradually, by illustration and demonstration, we managed to get some of the people interested and organizations were formed to help the work along. Gradually we educated ourselves to the needs of the people. Gradually the people themselves began to have confidence in the movement. Big concerns began to take an interest in the work and to see its potentialities. Like seed sown on fertile land, the thought spread, and is still spreading and blossoming; and is being cared for and nurtured, albeit that noxious weeds still try to choke it; but our workers are watchful and thorough and the weeds are not allowed to get too strong a hold.

To-day the way is clear to us. We are working on the foundation of tested thought and of tested theories. The science of bacteriology is at the service of the people. Laboratories are at the service of our Public Health Nurses, where tests are made for the immediate detection of infectious diseases.

Our foods are tested and must be pure. Compare the milk supplied to the public to-day with that of a few years ago. Compare the health regulations, both with regard to food-supplies and living conditions. The care of health and its preservation is evident everywhere to-day. The majority of people study diet and the needs of their bodies. In short, they eat to live instead of living to eat. And all this is brought about by the health-teaching, and result of foresight, and knowledge put into practice by those in authority.

Our aim and object was as clear to us in the first days as now, that of a properly born, healthy generation; but only years of study by those who have made it their life's work and hard work by those in the field have shown us how that can be accomplished.

May I quote an excerpt from President Hoover's address at the White House Conference on Child Health and Protection? President Hoover said: "If we could have but one generation of properly born, trained, educated, and healthy children, a thousand other problems of government would vanish. We would assure ourselves of healthier minds in more vigorous bodies, to direct the energies of our nation to yet greater heights of achievement. Moreover, *one good community nurse will save a dozen future policemen.*"

I hate to admit it, but our neighbours across the line are yet ahead of us in child-welfare work. President Hoover's address (heard over the radio) showed that their Government have realized the fundamental foundation of future prosperity—the care and welfare of the child, present and future.

Our own Federal Government has recently undertaken a dental survey of the pre-school-age child, and the Provincial Department of Education is now working in co-operation with the Department of Health in a dental survey of the schools, all of which shows unmistakably that the trend of thought to-day is "health must come first." Of what use is

a professional, scientific, or technical education to a child handicapped by physical defects?

May the day soon come when our Provincial Health Officer will be given a free hand, with the backing of the Government, in his efforts to ensure a future healthy generation.

HELEN KELLY, R.N.,
Colwood.

MISSION AND MAPLE RIDGE.

Recently I heard a public speaker say, in referring to a part of her work: "I never do to-day what I can put off until to-morrow." That is, I fear, precisely what I have been doing—putting off from day to day and wondering what I shall write about. The time has come when I must get busy and write something, but I'm still wondering—

✓ Last year I had high hopes that January, 1931, at the latest would see a nurse in each of the two districts—Maple Ridge and Mission; but due, probably, to the much-talked-of depression and hard times, I'm still spending alternate months in each municipality. Sometimes when I read or hear of what some of the other nurses are accomplishing in their fields, I really do wonder if I'm making even fair progress. Teachers, School Board members, and many others, however, assure me that there is a great improvement in attendance, much less of the communicable diseases and skin-diseases, and certainly there are fewer of the remediable defects than there were when I started work here seventeen months ago. Of course, in these districts, as in others, there are parents of the type who say: "Oh, well! there was none of this nonsense (health supervision) when I was in school and I'm still alive." Fortunately, however, for the children and for the country, persons with that outlook are not plentiful.

✓ In some of the outlying districts the people see less need of a School Nurse. Because of being more or less isolated, there is, of course, less likelihood of communicable disease being introduced into the district, and there are those who openly resent effort on the part of the nurse or the teacher to improve the health habits of the children; especially so when greater cleanliness is being stressed. For every one who resents and complains there are very many who are appreciative and do not hesitate to say so, and that makes the work pleasant and worthy of one's best efforts.

✓ Tact is certainly a necessary requirement for a nurse doing public-health work, and heaven help any of us who may not have a very abundant supply of that attribute. I wonder if any of the rest of you ever feel as I do, at times, that we must almost play deaf, dumb, and blind sometimes if we are not going to give some one—perhaps a doctor whom we are really anxious to work with, not against—a chance to say we are overstepping—diagnosing, for which we are not qualified, or something of the sort. I find that about eight times out of ten the parent or the teacher can tell me what Jimmy or Susie has. Few parents call in a doctor for many of the minor conditions and would doubt the value of a Public

Health Nurse to the community if she invariably insisted upon one being called for diagnosis. Yet, should these same mild cases go unnamed and unreported?

Yes! School nursing has its problems all right when working without a school doctor. Oh! for the day when health units are well established and every district has a full-time Health Officer on whose nice broad shoulders can be laid the responsibility. ✓

The School Boards and the teachers are all helpful and co-operative. Mission Board has equipped each of the rural schools with a covered water-tank with a tap, individual paper drinking-cups and paper towels. These are certainly a great improvement over the open pails which collected their share of dirt, dust, and germs, and were seldom, if ever, thoroughly cleaned, the common drinking-cup, and perhaps no towel at all. ✓

Maple Ridge Board has fully equipped first-aid cabinets for each school. The cabinets were built and painted by the manual-training boys under the supervision of Mr. Pattern, their instructor. They contain everything necessary for minor treatments. There is still much to be desired in the way of facilities and conveniences, especially for some of the rural schools, but our School Board had a heavy building programme last year and has one for this year as well, and it takes courage to ask for even the things that we realize are real necessities, not luxuries. Hammond now has a fine fully modern six-room school, built during 1930. Haney is to get a new high school this year. In the specifications a Medical Inspector's room has been provided for, to the left of the front entrance. The Parent-Teachers' Association of Alexander Robinson School has had running water put into the school, with basins and a drinking-fountain.

The shields awarded by the Department of Health, Victoria, and the local School Boards were won by Ruskin School, Maple Ridge District, and Hatzic School for the Mission District. They were awarded last year to the school with the highest percentage of normal weights. This year and in the future they are going to the school with the highest percentage of children free from any of the following remediable defects: (1) 10 per cent. or more under or 20 per cent. or more above the ideal weight for height and age; (2) defective permanent teeth or unhealthy gum-tissue; (3) tonsils or adenoids which very evidently require attention; (4) defective vision.

The School Board will add the small shield each year, which will contain the name of the winning school and the year.

We have had a little bit of almost everything in the communicable-diseases line this year, but nothing has reached epidemic proportions as yet, unless it is whooping-cough in one of the rural localities. It apparently got a start amongst the children of a group of mill employees, whose homes are closely situated, early in January, and has certainly been broadcast in that community. I do not believe a doctor has been consulted for diagnosis, but several of the mothers whom I have interviewed appear to feel quite satisfied that it is whooping-cough, although mild, that is so prevalent. On my first visit to the school after the month's

absence from the district, it was necessary to exclude almost half of the children because of coryza and coughs.

We have at present one family in this district quarantined with very severe smallpox. There were two families with a mild type of the disease before Christmas. The Japanese are exceptionally good in having their children protected by vaccination. It is among our own people that we find so many who prefer to trust to luck or their vaccinated neighbours to protect them and their families against smallpox.

Through the co-operation of the Provincial Board of Health, a strong effort is going to be made soon to have the very backward children examined by a psychiatrist, and to have the very few who are incapable of learning excluded from the schools, where they most certainly are a hindrance and a handicap to the teachers and other pupils.

The better-baby clinic, sponsored by the Women's Institute and held in the Haney school-house on the afternoon of the local fair in September, was a "howling" success. Forty-five babies were examined by Dr. J. R. Davies, of Vancouver. Dr. Morse, of Haney, very kindly loaned his baby-scales, and his nurse, Mrs. Rogers, assisted with the weighing and measuring. Mr. Kelsey, the manager of the local bank, donated the score-cards. Several of the babies and none of the pre-school-age group were examined because of lack of time. Dr. Davies gave an interesting and instructive one-hour lecture to the parents. It was our first attempt to hold a baby clinic and we felt our efforts were well repaid. We can see plenty of room for improvement in arrangements for the next one, though. One thing will be an extra room for the doctor, where he will have a quieter place to work and where there will be more privacy for the mothers while they dress and undress their babies.

Mission Fair fell on the same day as the Haney Fair, and Miss Hilda Peters came to the rescue, from Chilliwack, to conduct the health exhibit in Mission. In spite of many handicaps, she had a busy day, won a host of friends, and had the opportunity of giving a good deal of good advice from her store of knowledge.

Every time I hear of a prenatal case or a new baby I send the name to the Provincial Department of Health, so that the mother will receive the monthly letters. These seem to be much appreciated in the majority of cases, although I too frequently find that the mother has failed to return the blue slip sent to her by the Department, so that she will receive the postnatal letters.

The *Hygeia*, subscribed for by the Department of Health, contains so much valuable material that I have started them circulating amongst one Women's Institute group and a Parent-Teachers' Association group. I really think I should have one for each of my two districts each month, don't you?

I have been asked to give first aid to a group of Boy Scouts; and a Canadian Girls in Training group is asking for some talks on home-nursing or something else that is interesting. It is rather difficult to arrange these, satisfactorily to all, when I am here only half-time, but I hope to get started soon.

Last April Dr. Young spent a day in these districts. He was entertained at a luncheon given by the Board of Trade, Mission, at which he gave a splendid address, followed by another address in the afternoon at a meeting sponsored by the Women's Institute, Mission, and still another in the Haney theatre in the evening.

Miss Margaret Kerr, of the University Health Department, gave an address on "Adolescent Psychology" to the Haney Parent-Teachers' Association in January. It was much enjoyed by all present. I am hoping that arrangements can be made to have Miss Kerr address an equally well-filled room in Mission some time before the end of this term.

In July I attended Summer School in Victoria, and took Miss Kerr's lectures on health education, home-nursing, and first aid. I feel it was a very enjoyable and profitable month.

I'm talking "health unit" at every opportunity, and only when these are satisfactorily organized throughout the Province will the people see what really can be accomplished by organized effort in the way of public health and prevention. When we hear more of prosperity and less of hard times, no doubt organization of these services will go ahead more rapidly. Until then we will have to be content to do what we can to convince the people that the country's expenses will really be reduced instead of being increased by such measures.

In closing, I wish to thank all those individuals and organizations of my districts who are giving such splendid support and encouragement; also Miss Kerr, of the University, and the Misses Peters and Green, of Chilliwack, who are always so generous with helpful suggestions and advice when it is required. To the two last mentioned, I feel, should go much credit for what measure of success the Haney Institute and I had with our baby clinic. One of the institute members and myself visited their clinic in Chilliwack in August and got many ideas that helped us a great deal in making our plans.

Then there is our Provincial Health Officer, whose interest and encouragement does much toward making this work so pleasant to do.

H. E. FAWCETT, R.N.

THE KELOWNA RURAL SCHOOLS HEALTH ASSOCIATION.

A problem that confronts every Public Health Nurse in developing her work in widely scattered rural areas is that of combining the various local interests into one central organization, so that the work may be developed as a whole. I thought that an account of the development of our own local organization might be interesting and useful to nurses opening up new rural areas.

Three years ago the Provincial Department of Health appointed a Public Health Nurse to assist the district and school Medical Officer to develop all phases of public-health work in the Kelowna rural districts, an area of 100 to 150 square miles, with an estimated population of some 3,600 adults and 600 school-children, living in twelve small rural communities, each with its school as the centre of social life.

The first public meeting addressed by the Provincial Health Officer, two weeks after the arrival of the nurse, was neither well attended nor enthusiastic. Only six school districts out of the twelve involved seemed to wish to try out the new health scheme, but nevertheless the nurse was instructed by the Provincial Board of Health to carry on the work in all the districts as a demonstration of what could be done.

After three months' work on the districts it became most apparent to me that the first step in development must be the organization of a representative body from all districts, to arouse local interest and to co-ordinate local interests, so that we might have a central organization to whom the nurse might bring reports and suggest new methods of development of the work. It was also necessary that a central committee should be formed, representative of the twelve School Boards, to assess the school districts on a *pro rata* basis of school attendance in order to raise funds to carry on the expenses of the new nursing scheme.

It would have been impossible to develop this idea had it not been for the advice and help of a public-spirited citizen, Mr. E. O. MacGinnis, who, because of his enthusiasm for the work, not only used his personal influence, but also constituted himself secretary *pro tem.*, writing to all the School Boards and local organizations, inviting them to a meeting in Kelowna to discuss both the new service and also methods of financing, with a view to forming a central organization representative of all districts to be served by the nursing service. At this meeting Mr. MacGinnis acted as chairman and put before the people present in a concise form the financial aspect. I gave a very full address, outlining the work done in the past three months, and speaking at length of a possible health programme embracing school-nursing, child-welfare, and prenatal care, with special reference to the value of preventive work and need of education along health lines. There was a better response at this meeting than at the first meeting held three months before, but no real enthusiasm was aroused until another general meeting in January, 1929, when a report of nine months' nursing service was given. (This report was afterwards published by the Department in the Annual Report for the Province.) In the meanwhile many other local organizations had been addressed on different aspects of our work, three well-baby and pre-school clinics organized in different districts, and negotiations were being carried on about the possible opening of three more clinics in other districts.

At this meeting "The Kelowna Rural Schools Health Association" came into being, a constitution was drawn up, and an executive elected, with Mr. MacGinnis as honorary secretary-treasurer.

Five months later the executive suggested to the Department that they would be willing to provide half the cost of a new car for the nursing service. A new Tudor Ford was duly purchased, and inscribed on both doors with the words "Kelowna Rural Schools Health Association." This inscription has aroused much local interest, and has also attracted the attention of out-of-town visitors, who are much interested when told about the organization and the health-work carried on in the rural districts.

The Rural Health Association has now paid for the new car, also for its upkeep and the general overhead expenses of the nursing service during the past three years. This year the important question of the *total* financing of the service is being considered, which means the undertaking of a serious financial burden, which each school district will have to decide about for itself. We are hoping that our rural ratepayers will be able to finance the work, but there is much local depression owing to unsatisfactory fruit-marketing conditions.

The process of organizing scattered rural areas is always slow, and one should not become discouraged if everything does not go smoothly at first. Time, and doing the best work of which one is capable, will do wonders to convince a somewhat sceptical public of the value our work can be to a community. It is very comforting to look back over the past three years and consider the truth of the old proverb, "Great oaks from little acorns grow."

ANNE FRANCES GRINDON, R.N.

CHILLIWACK.

We are at present engaged on a short study of the history of the British Empire in connection with our Chapter of the I.O.D.E. This makes one feel just now, as the Americans describe it, "historically minded" and decided me on writing a short history of the work here. As in the past, enterprises have been carried on by persons from different parts of the world, so in this corner of British Columbia public-health-nursing history is being made by Australians.

For six years a stalwart little group of women of the valley worked hard for a Public Health Nurse and struggled against a great deal of antagonism. The organizer, sent in to interest the people, described the nurse as one who would carry on maternity-work and bedside-nursing as well as school and educational work of all kinds. In a municipality of this size it was recognized that such a programme could not be accomplished by one person. Also the women of the valley had worked for years for their splendid little hospital and did not like the implied idea of home-nursing in preference to hospital care.

When at last, in September, 1928, the Government decided to place a Public Health Nurse in the municipality as a School Nurse, the work was stressed as being of an educational character to begin with.

Naturally the antagonism shown in any new district continued and is only gradually being broken down as the public is being educated to the value of the work.

The group of women, at first composed of representatives from the Federated Parent-Teachers' Association, Women's Institute, Red Cross, and Municipal I.O.D.E. Chapter, was extended to include a representative from each branch of the associations and formed into the auxiliary to the Public Health Nurse. Each of these branches gave an annual donation to the work of the committee.

A tremendous amount of help was given to the work by the publicity arranged by the Red Cross representative—Mrs. C. A. Barber—through

the press. Also great interest has been shown in the work and help given to the child-welfare section by the Kinsman Club.

With the help of the splendid committee the work was gradually organized. It assumed tremendous proportions and the calls on Miss Green's time and strength were constant. The people, being wide awake, lost no opportunity of keeping the work before the different organizations. Talks at their meetings were taken for granted from the beginning and publicity was carried on. Great help has been obtained from the co-operation of the teachers of the valley.

Miss Green was indeed fortunate in having the one School Board only to deal with for the fifteen schools, with school population of 1,050 to 1,100 children. With her enthusiasm and their wise co-operation, improvements were at once made in unhygienic conditions existing in the buildings. Constant attendance at the monthly meetings kept up the interest, and at the end of term arranged for by the Provincial Board of Health her services were continued with great satisfaction.

A clinic-room, to act also as city office for Miss Green, was arranged for by the Kinsman Club in the spring of 1929 and baby clinics attended by local doctors were started. This work was also extended to include a clinic programme at the Fall Fair. This took the form of a baby and pre-school clinic, with specialist in attendance and an educational exhibition of literature, etc. A rest-room and crèche were also arranged for. In the Fair arrangements this now has its place as an annual contribution.

In the summer of 1929 some thirty to forty tonsillectomies were performed on children of the valley, being more than had ever been known before.

In the first year the great need of eye-work was realized and in the fall of 1929 an eye clinic was organized, with a visiting specialist, Dr. Hopkins, of New Westminster, attending. The work was sponsored by the committee and Municipal School Board, a reduced fee thus being possible for glasses of school-children, the Government assisting with indigent cases. This clinic has been used to such an extent that the fall and spring series of weekly visits was found inadequate and a monthly or bi-monthly visit is now paid as needed.

Co-operation with Dr. Lamb gradually extended the services of his department until at the fall clinic of 1930 eighty-six patients were examined.

The great need of help with the dental work was constantly being realized. The dentists were contacted and finally in the spring of 1930 a survey made, which showed the need in the country schools to be tremendous.

During this time First-aid and Little Mothers' League classes were not neglected and calls from the city were constantly being made on Miss Green. The city public and high schools were not touched by the Municipal Nurse, and city help was not really supposed to be given.

In September, 1930, the Government decided to send in a City Nurse on a six-months' demonstration. I was appointed and the work thus

linked up. With all the previous contacting, my arrival created very little sensation. Parents, now being used to the idea, welcomed the services of a School Nurse. In fact, some had been a little jealous of the municipality.

The fall eye clinic showed the great need of the extension of the work to the city schools. Help with the chest clinic was given and the child-welfare work taken up.

During the last two and a half years the Mennonite settlement has been growing rapidly. The school population, which is now 150, was in 1928 ten to twelve children. Here there is a great field for work as the people are open-minded and grateful for help. Looking after them alone, with their various problems, could easily take up one-half of a nurse's time.

During this fall and winter our efforts have been bent on seeing the fulfilment of the dental-clinic scheme. Government help has been promised and another survey of school-children of the municipality made. Meetings have been held with the four dentists and at first a representative from the Municipal School Board and more recently one from the City School Board. Every disadvantage has been brought up—whoever would have thought there would be so many? At present the matter is standing over until the dental campaign of March opens up the way.

Between fifty and sixty tonsillectomies were performed in the last year. In this valley, with its damp climate, the throat, nose, and ear conditions are especially noticeable. Our great difficulty in regard to this is the people who cannot pay the required fee for operation. Help can be obtained for indigents, and for the comfortably-off parents nothing is needed but acknowledgment of the necessity. For the majority of the population there is a crying need for a nose and throat clinic with reduced rates.

In my city work there has been a great deal of teaching of hygiene, both in high and public schools, also a Little Mothers' League class for Grade VIII. girls. In the City Canadian Girls in Training I am about to start a first-aid course with thirty-five girls. This is all a very interesting experience.

Every epidemic shows anew the tremendous need of a full-time Health Officer. This is especially noticeable with the ever-increasing foreign population of the country. We look forward to the day when the valley contains a complete health unit, when wonderful work should be accomplished.

HILDA PETERS, R.N.

THE OSOYOOS, TESTALINDA, OLIVER, FAIRVIEW, AND FALLS DISTRICTS.

The second year of the Osoyoos, Testalinda, Oliver, Fairview, and Falls Districts is past, and while only a small beginning has been made in the work here, we are pleased to note that the children, parents, and community are becoming more alive to health-work. The school-work has been most interesting, there being one outstanding and enterprising event.

Last year Major Fraser, of Okanagan Falls, who is keenly interested in health-work, donated a cup in order to stimulate interest in the school-children of the districts in the need and value of health. There is to be a yearly inter-school health contest, the successful school holding the cup for one year.

After suggestions for points to be used in this contest were drawn up a conference was held with teachers from all the schools and the nurse. At this conference every one took part in the discussion, and finally the points with details were decided upon.

(1.) The health chores to be kept for five or ten weeks (all grades).

(2.) Health posters or booklets: Grades I. and II., health rules illustrated; Grades III. and IV., healthful foods; Grades V. and VI., a day in the life of a healthy girl or boy; Grades VII. and VIII., balanced meals.

(3.) Weights: Percentage of normal weights; percentage of gain in underweights.

(4.) School lunches.

(5.) Conditions of buildings and playgrounds as related to health.

(6.) Attitude of school-teacher and children towards health. Teacher: Reporting sickness, ventilation, lighting, and attention to health matters. Children: Personal cleanliness, etc.

Towards the end of the school-year two outside nurses with one member of the community examined the health posters, and these nurses also inspected equipment, sanitary conditions of schools and playgrounds.

The nurse of the districts checked up the percentage of normal weights, gains by the underweights; the teachers with regard to reporting of sickness, the ventilation of school-room, and care of lunches, also the children with regard to cleanliness.

As the school-year drew near its close one could see that the rivalry for first place lay between the Falls and Fairview Schools. At the last the Falls School led by a small majority.

At a public meeting at the Falls Mrs. R. Simpson, of Testalinda, presented the Fraser health cup to the senior girl of the winning school.

While great interest was taken in this contest by the pupils, teachers, and parents, the competition this year is and will be far, far keener.

There have been some slight changes made in the points this year.

Point 1. Grades I. to IV., the health chores to be judged by the teacher (daily inspection); Grades V. to VIII., the health-chore forms as supplied by the Department of Health.

Point 2. Health posters: Grades I. to IV., health chore which is found by inspection to be most necessary; Grades V. and VI., fresh air and disease-control.

Point 3. School lunches have been eliminated.

We are looking forward to the work of the future and hope that as the work develops it will be strong in all its branches, for we realize "That a chain is as strong as its weakest link."

G. M. KITTINGHAM, R.N.

SCHOOL-WORK IN NANAIMO.

In the short time which I have spent doing school-nursing and health-teaching in Nanaimo it remains for me to give only my impressions of the attitude of the people toward my work, and to say of what my work consists. Under the following headings I shall try to offer my opinion and suggestions:—

Personnel.—One part-time Medical Officer; one full-time Health Nurse; pupils enrolled, 1,300 to 1,400.

Routine of Work.—In the four preliminary schools a monthly inspection is made to determine the general cleanliness of the children, to discover skin eruptions and symptoms of infectious disease, and to check up on defects reported and remedied. A yearly examination is made of ears and eyes. Every month the underweight children and those requiring careful watching are weighed. Each school is visited twice a week, absentees reported, lavatories and wash-rooms inspected, and visits made where advisable and when possible.

Follow-up Work.—This branch of my work I feel is sadly neglected, to the detriment of many things. The home visit is the Public Health Nurse's best channel through which she may carry to the parents of Nanaimo her motive for being in the schools at all. Defects found and followed by a visit may be remedied far more speedily and intelligently than those followed by a note or telephone call. Many misunderstandings exist between parent and School Nurse; one of the most destructive to our work being that the nurse is in the school for the sole purpose of sending the pupil home on account of illness. If the parent never sees the School Nurse, is it to be wondered at that such is the point of view of many? This condition we hope may be remedied in the near future if a car can be put at the disposal of the nurse.

Health Education.—Following each monthly inspection I have given a health talk to the class—in the lower grades trying to stress the importance of keeping the health rules. In the upper grades I have tried to teach the children where their responsibility lies in guarding health and the importance of physical examinations. In some classes the health report sent home for each child has been discussed with the pupil. Much interest is being shown in these, and an effort to change a "B" to an "A" comes from the children themselves.

This year in the Junior High School "child care" is a part of the regular curriculum. The home-economics teacher and I have co-operated in this case, and to seventy-five girls have been given eight lectures, with demonstration in the elements of child care; prevention all through has been stressed. Already the girls are showing signs of jacking up their parents to take their baby to be weighed every week.

Co-operation with Agencies.—In all the schools improvements are to be made in the wash-rooms and in the lighting of some of the elementary schools. This is the result of a report submitted to the School Board, in which it was pointed out how essential were good lighting and proper washing facilities if the health of the children is to be guarded. We hope, too, very soon to co-operate with the Parent-Teachers' Association to pro-

vide lunch, a hot drink of cocoa or soup. The I.O.D.E. already provide ten children who are below par with milk daily. They have also in one or two cases provided cod-liver oil for these children. The School Board of Trustees have been most co-operative and have been helpful in supporting any project which has been suggested and which may help forward the health education among the school-children.

Our Aim.—The need for greater education among the adult population shows itself daily, and our next hope is that group teaching may be established among some of our mothers. The dental work of the school-children is also a problem that calls for our attention. Some work in this direction is also under way. Our greatest hope, however, is that Nanaimo may soon possess, like Saanich and others, a health unit. This would not solve all our problems, but it would be a stimulus for all those engaged in and interested in health-work here to put forward fresh effort.

M. DOROTHEA MACDERMOT, R.N.

NEW DEVELOPMENTS IN THE KELOWNA CITY SCHOOLS.

The work of the Health Promotion Department of the Kelowna schools has been concentrated this year on immunization and health-teaching. In the health-teaching work some rather drastic changes have been made, the most important being the transferring of the actual teaching from the nurse to the teacher. Whether this is a change for the better is a debatable question. The change was really made more or less as an experiment, since it was obvious that the policy of last year was not altogether satisfactory. This policy left most of the health-teaching to the nurse and allowed her fifteen minutes a week in each class-room from Grades I. to VI., inclusive. This made the subject too much of an isolated one and really did not allow sufficient time for covering the desired teachings. The time spent by the nurse, not only in the actual teaching, but also in the preparation-work, amounted to a great deal. It was felt that this time could be much more profitably spent in home-school visiting.

Accordingly, the change was made and this year the teachers, under the guidance of the nurse, are doing the health-education work. A definite check-up of the results, beneficial and otherwise, is to be made shortly. This will include not only the pupils' reactions, but also the influence, if any, in the homes. It will be interesting to see just what these results will be.

The baby clinics were reopened last spring, with Dr. Ootmar in charge. Since then the total number of babies registered has more than doubled, a fact which is most gratifying to those undertaking this work, which is proving such a boon to the mothers of the town.

A new undertaking this year has been the establishment of a Save the Eye Fund. This has been made possible through the generous work of a small group of local ladies, who raised the necessary money by holding bazaars, garden parties, etc. A clinic is now being arranged for those

indigent children in need of glasses. Just what this will mean to such children is needless to explain.

The plans for a hot drink at noon for those children who bring their lunch have become almost a reality. A suitable room has been secured and outfitted by the School Board. Local service clubs have been approached, with the result that contributions have been offered, financial and otherwise, for this undertaking. We are counting on providing this hot drink to some 125 children.

One often wonders at the end of a day's work just how well worth while is this School Nurse's job of keeping the children well. The answer to this question is found in the old Arabian proverb, "He who has health has hope and he that has hope has everything!"

EDITH W. TISDALL, R.N.

THE PRE-SCHOOL VISIT.

The proper care of the pre-school child bears the same relation to the school-child as prenatal care bears to the infant. Having passed through the dangers of infancy with the protection against environment afforded by his mother's milk, the child is suddenly forced to face new dangers and a wider environment, dependent upon his increased activities. This age between 2 and 6 might well be called the awkward age, an age when both child and mother must get their bearings, as oftentimes there is a new baby in the home and the pre-school child is relegated to a position of unimportance. This adjustment can, to a great many, only be brought about by the visits and information from the nurses regarding character-building, diet, and hygiene.

The parents should be taught that character is made up of experiences, and experiences are due to environment. If the right environment is not given, it does not give the child a chance to realize his potentialities. The nurse, while making a visit, can suggest many ways of creating the right environment for the child, such as proper contacts, home surroundings, and thought given to the child's recreation, and training it to forego its infantile habits and to face the growing-up period with the right ideas.

Of equal importance is the physical development of the child. The nurse comes into the homes to advise and help in the care of the children's diet and personal hygiene and to relieve critical situations. In many cases physical defects are overlooked till the child enters school. Early treatment is undoubtedly more effectual. In many cases, too, even though the defects are noticed, they are often neglected through ignorance and lack of understanding. The parent should be made to realize the importance of early correction of defective teeth and tonsils and of bringing the child to clinic for thorough examination.

To prove the value of immunization and vaccination is sometimes a difficult problem, but this can be overcome in a great many cases by educating the parents and making them understand that young children have much less resistance to contagious and infectious diseases than older

children and adults, and oftentimes they may become impressed with the seriousness of contagious and infectious diseases and their complications.

A simpler problem is that of making the parent realize the value of proper diet. The many advertisements, magazine articles, and posters help the nurse in her work. As a rule the parents will take kindly to such suggestions as giving the child the proper amount of milk, green vegetables, cod-liver oil, etc., including a well-balanced diet and regularity regarding meals.

And so we gather that the pre-school visit is as much for the parent as the child, and the parents should realize they must play the health game as squarely as possible with the children; and that the essential matter is that the child of the pre-school period has definite needs and rights which must be met, and it is only by the co-operation of the parents with the health teachers that the health of the pre-school child can be established.

C. ROSE, R.N.,
Saanich Health Centre.

PORT ALBERNI.

The growth of the infant-welfare part of public-health work in a district is one of the most interesting and encouraging parts of a generalized programme. Except for the equally important prenatal service, one cannot begin earlier with those individuals, which is perhaps the chief cause for any unusual interest.

Two years ago in this district there was a great deal of perplexity in regard to the reasons for and the aim of a well-baby clinic. The popular opinion was that it was some form of baby-show. Some thought it was for sick infants, and such remarks would be made frequently as, "My baby is all right so there is no need to take him to a clinic," or "When my baby gets sick I will take him to a doctor." Also, some mothers objected to taking their children where there were so many others, partly through fear of infection and partly through reticence.

This year, while there are still some who have never attended the clinics, a few through indifference or objections, a few through not being able to get there, there have been occasions when a mother has hired a taxi to bring her baby. There has been a steady increase to the registry and the fortnightly attendance, 134 being on the record now. With but one exception there has always been at least one "new" baby attend each clinic, and sometimes several. The numbers recently have been from thirty-one to thirty-six. Some of the mothers are so keen about their infant's growth it would take a bad storm to keep them away. Another satisfaction is that there is little or no class feeling; the most fortunate as well as the least fortunate baby comes. The mothers appear to be much interested in each other's babes.

These well-baby clinics do not obviate the necessity for home visits, as there is seldom time in the crowded room to discuss all the points of mixing of formulas, clothing materials, patterns, etc. Also the doctor's advice frequently has to be stressed again and again, as well as inter-

preted at times. Few homes are equipped alike, and in one of the poorer kind you have to advise differently than you do in one that is better financed.

There is some difference, too, in the general public's attitude toward the work. The majority of them were very vague at first as to its meaning, and not wholly agreeable. The articles in the press about the service, as well as the satisfaction of some of the patrons, are responsible for part of the change. We are seldom asked now what we "do" to the babies at the clinics. Nor is surprise expressed as often when we say that there had been thirty-some babies at one clinic. The more frequent remark now is: "I knew it was clinic day because the town was swarming with baby-carriages."

The endeavour on the part of one of the City Councillors to obtain a small room in the City Hall for an office for the public-health service resulted in a larger office in a business block, the rent to be paid from the city's funds. The majority of the Council stated that they considered the work worthy of that support. The office is large enough to accommodate the clinics.

The local doctors have been very good indeed in their attendance. We have held only one clinic without one of them present. Their support and interest has been largely responsible for the degree of success there has been.

MARY E. GRIERSON, R.N.

NANAIMO.

I believe that it has been said that this district is a marked example of the lack of a public-health conscience; this was in 1929; but perhaps this is not any worse than in most districts. Now in 1931 I think that we can truthfully say that this has improved slightly. One still hears frequently, and much too frequently, that "Bill might as well get measles, and have it over with now"; or that "Baby eats everything—she has a wonderful stomach! She can take anything." But occasionally and more often than before mother guards her son against whooping-cough, because of after-effects, and she follows a more careful diet for baby to assure good health and teeth in maturity.

Unfortunately, our weekly well-baby clinic has no physician in attendance and is just a weighing-station, but in spite of this handicap the average attendance has increased considerably during the past year, which is encouraging. Here defects are noticed and the mother is told to consult her family physician. The mothers are asking more and more questions concerning correct diets and the baby's routine. It is very encouraging when a mother says to you: "I wish I had had this help with my other children, she has been so good." It is these little things that encourage one to carry on.

The prenatal work has increased too, in that more prenatal visits were given to mothers who were going to hospital or nursing homes for the confinement. More frequently a mother asks me to visit her friend who is expecting a baby.

This year more T.B. contacts have been found, and examined by Dr. Lamb, and, in the odd case, an incipient case was found, thereby receiving treatment before it was too late and when there is all chances of recovery. Dr. Lamb this spring made a special visit to take care of the contacts.

This is the second winter for home-nursing classes, which show an increase in attendance, especially among the mothers and 'teen-age girls. Through these classes the members learn the prevention of communicable disease, importance of prenatal care, care of the baby, and diet from babyhood to old age, as well as the simple nursing procedures.

Through teaching health in the homes, clinics, and classes, one sees, year by year, greater interest shown by the public and a more hearty reception of our programme.

MURIEL UPSHALL, R.N.

ONWARD.

Those who saw the recent motion picture, "The Big Trail," could not help but be impressed with the earnest and plucky determination the ambitious trail-breakers displayed. In spite of the many obstacles and trials which presented themselves, the pioneers kept bravely on their way until their goal was reached.

While I was viewing this picture, the thought that we, as Public Health Nurses, can readily be compared with the pioneers passed through my mind. That idea is old, I know, but since I have been practising public health for two years I have found that the upward grade seems to be very steep at times and that keeping out of ruts is a problem.

In her book, "Public Health Nursing," Miss Mary Gardner states that one of the important things for a Public Health Nurse to remember is to keep fit physically. In fact, this point is wisely stressed by many authorities. The necessity of keeping fit mentally is, in my opinion, of equal importance. It becomes a very easy thing for the nurse to consider her day's work as so many tasks and duties to perform, or as so many homes and schools to visit.

This would seemingly apply more to the nurse working alone in a rural community. Not often does she come in contact with those interested in the public-health questions of the day. She alone stands as a real pioneer in the work—a link between public health and her community. Consequently, her problem is to not become discouraged when the way seems hard and rough, but to keep on constantly looking ahead.

Public Health Nurses working together, although having the advantage of association with those who have chosen the same profession, have similar problems. Although the stronger ones are able to help the weaker ones along, it is very easy for them all to drift into the same mental attitude, and the idea of the aim for which they are striving is lost.

It is most encouraging to watch the work in British Columbia going ahead so rapidly, however, and when each of us remembers that we are

all pioneers in the service, and that we are not working alone in our tasks, we should find it more easy to keep a bright outlook as the days go by.

MYRTLE E. HARVEY, R.N.,
Saanich Health Centre.

HEALTH NEWS FROM KAMLOOPS.

After writing so many articles for our NURSES' BULLETIN it is difficult to find something new about which to write. One thing we are rather proud to talk about this year is the forming of our Dental and Medical Fund for our schools. We have many children here with defects, but the parents find it impossible to have these attended to.

The thought came to me that our little Junior Red Cross members would like to find funds for this purpose. We held a Junior Red Cross Primrose Tag Day in April, 1930. It was a great success. The children were so happy living their motto for that day, "I serve." They looked so sweet in their caps and aprons and entirely charmed the public. They collected \$186. At the end of the day they were very happy little Juniors.

We formed an advisory committee consisting of six interested people of our town. This committee manages the finance and helps me to decide on questions regarding the parents that need the greatest assistance. They are a great help to me and ever willing to give me the advice that I need. My committee appealed to the various organizations of the town for contributions towards our fund. We were given \$65; that makes a total of \$251. Already eighteen children have benefited from this fund and we expect in the near future to have about twenty-eight more assisted. We intend to adopt the same method this coming April for the same purpose.

This year I have examined with great care the feet and posture of the children. I have found many defective in this way, especially junior and senior high-school girls. A great deal of education is necessary to make these girls and their mothers realize the grave dangers of the wrong-shaped shoes that they persist in wearing. With the help of our physical-culture instructors we are giving these girls and boys special exercises. Already we are finding improvement.

Little Mothers' League classes were given to the Girl Guides last year and this year. I am giving more advanced lessons to the Rangers. This part of my work always gives me great pleasure and I realize the great necessity of training these girls for the greatest gift of life, "motherhood." I look forward with the assurance that our future mothers will be better prepared for taking up their responsibilities. The splendid work of the Girl Guides and Canadian Girls in Training will surely bear its good fruits in the near future. If only we could get the young mothers of to-day to realize what we Public Health Nurses have to offer, I am convinced we would not have the high infant and maternal mortality which so alarms the thinking people of all countries.

OLIVE M. GARROOD, R.N.

A DAY AT BAMBERTON.

So much has been said in the BULLETIN about health measures, modes, and methods that I feel inclined to digress and give you a glimpse of a day in the most unique village of my acquaintance, which I visit once a month on my rounds from the Health Centre.

Shall we start from Duncan by way of the drab but interesting Indian village, which we must perforce go through in order to start the long journey before us?

Here is Koksilah, not much to look at, and the road reminds one of a roller-coaster, but we soon come to Cowichan Bay, where the sea rolls on serenely beside the road, backed with mountains and mountains of the most gorgeous hues; they look so peaceful. However, we mustn't stop to dream here because we have a busy day ahead of us.

This little place is Cobble Hill (wonder where the name originated?) and farther on is Mill Bay, a lovely resort in the summer-time. That road? Oh, that's the road to the Solarium; I must take you there some day. You'd be very interested in a visit to that institution.

Now we start to climb the Malahat, up and up, for miles, and we wonder when we will ever reach the top, when suddenly, around a bend in the road, we are confronted with a finger-post directing us to Bamberton—left turn, and a 90° turn brings before our wondering gaze a steep incline which calls for caution of itself, despite the warning sign which informs us that there are children in the village below.

In a hollow below us we see the school, surrounded by dusty shrubs and an equally dusty stone wall, and ever in the distance that fascinating panorama of sea and mountains. Continuing the steep descent, we see rows of houses on different levels resembling huge steps, most of them, especially the newer ones, built of cement and stucco. Interesting bungalows they are too, surrounded by gardens all grey with dust, which, strangely enough, produce the most amazing assortment of flowers in the summer-time—even while one is wondering how they manage to survive and whether the housewives ever get through their dusting! (Somehow the idea occurs to us that this must be a fertile place for T.B.)

We must pop into the school; it is a homy little place and houses about twenty-six of the liveliest youngsters you ever saw, who are almost 100 per cent. healthy. We unconsciously wonder at this, somehow, because of all the dust.

After the monthly examination and the short health talk, we start for the Ford, and proceed to coast down the hill a little farther to the Community Recreation Hall, which has been built by the company. In a little while the youngest members of the community appear to be weighed. Here they come in lovely English perambulators, spotlessly clean, all about the same age, looking as happy as the day is long. We find that, as usual, they have gained from 1 to 1½ lb. since they were weighed last month, and we commend them for their choice of up-to-the-minute mothers who are bringing them up in the way they should go.

Now we must take a trip to the youngest member of the community, whose mother has not been able, so far, to make the steep ascent to the hall to have him weighed. She lives at the bottom of the quarry, which means a trip by hoist, which also means a little excitement. We set out to find the engineer and to inveigle him into running the hoist on a special trip for us. He being a gentleman, and we being the accepted nurses for their little village, the trip is managed, because he knows the newcomer, as does every one else, and he is glad that we are going to pay him a visit. While we are waiting for the hoist to be brought up for us, Mr. Engineer asks us if we have seen the cement-kilns in operation. Our answer being in the negative, we are piloted part way down the steep hill and guided to huge sheds containing three immense cylindrical drums, about half a block long, which incessantly revolve and roar. A pair of darkened glasses are handed to us, and we peep through a hole in the first drum, to behold a seething mass of something which we assume to be cement in the making, at a white heat, constantly rolling about. The thought strikes us that any one who had the misfortune to come into close contact with that would soon be roasted beyond recognition. Getting out of that place was somehow a relief, even though the engineer assured us that nothing had happened to date.

Here comes the hoist, and board it we must, though it looks a very forbidding apparatus, only a large platform, with no railing, which is pulled up and lowered by means of a cable! We brace our feet and ourselves for the descent, feeling quite squeamish about it, and are horrified to feel the thing move steadily down the hill. We become almost panicky! Suppose the cable should snap in two! Heavens, we are heading for the open sea 'way 'way down below us! If we could only sit down, but we haven't brought our supply of newspapers, and the floor of the hoist is much too dirty. Oh, well, it can't last for ever; and trying to prove to each other that we are as hard as nails we comment on the scenery, and admire the huge machine-houses we are passing, and view with no little interest and longing that old landing-platform below, while a little joy creeps into our voices as we get closer to it.

Quite safely, to our amazement and relief, we arrive, wave our hands to the man up above, who was responsible for our descent, to assure him that all's well, and start off on a beautiful walk to find the baby of our quest. The dinner-bell sounds, and soon we see men, all types, hurrying from all directions to the one big cook-house for lunch, amidst the rattle of dishes and pots. We feel hungry too!

Along the winding paths, amongst the most beautiful surroundings, up steps—dozens of them—and along another footpath, then more and steeper steps, and finally we reach our destination, and view with pride a bonny, happy baby. (Funny that we should suddenly realize why his mother hadn't been to the clinic before; even when used to it, that hoist must take a certain amount of courage to tackle!) Mother is so glad to see us, and asks us heaps of questions about the care of her newest offspring and whether we approve of him. She serves us tea and toast in lieu of lunch, for which we haven't time, as the hoist returns in twenty minutes, and again we start off.

The return journey is not so bad. There are two trucks of gypsum on the hoist this time, and we have something to hang on to, while the sea is at the back of us; and what we don't see, evidently doesn't bother us!

The little Ford looks good to us by this time, and we speed up that hill in haste, glad to see the highway and to feel on firmer ground, though it isn't any sounder than in the village we have just left behind us.

Discussing the pros and cons of all the dust we found, the idea occurs to us that, perhaps since the cement is so thoroughly sterilized in the process of being made and all edges rounded off, the particles which enter the lungs do no harm, but that, being lime, are absorbed into the system, resulting in benefit rather than harm, which accounts for the general well-being of the community.

VELMA MILLER, R.N.,
Cowichan Health Centre, Duncan.

MY DISTRICT WORK, PAST AND PRESENT.

Well-nigh ten years have passed since I was first appointed as District Nurse in Sayward, although prior to that I had on many occasions been called upon to assist, in times of need, settlers and loggers in this vicinity. I, as a qualified nurse, was sought in cases of emergency, and felt glad on those occasions that I was able to lend my assistance to those so sorely in need. But upon being officially appointed I discovered the unpleasant fact that many of the settlers did not look upon my work at all favourably. This was especially true in regard to the supervision of the school-children, the installing of sanitary appliances and improvements in the little buildings. However, there is nothing like perseverance to win a cause; now the schools are equipped with water-filters (which were most decidedly needed), individual drinking-cups, medicine-chests, and proper sanitary outhouses. Last, but not least, I have won the co-operation of parents and School Boards.

This district is still very much in the pioneering state, being isolated by the lack of road connection with the rest of the island. Only the bi-weekly visit of a Union steamship keeps this scattered district in touch with the outer world. Therefore very few changes have taken place in my ten years of service.

For the past four years Dr. Youlden, dentist, has been sent in by the Provincial Board of Health and attends the school-children and tiny tots. This in itself is a great boon to the settlers. Dr. Moore preceded Dr. Youlden for two years.

For the past five years the Coast Mission ship "Columbia" has carried a doctor on board. They touch in here about every two weeks, and on very urgent occasions can be reached by wireless. Co-operation with the Mission workers is a great help in serious and hospital cases. One case in particular I well remember; it was when a miner was badly mangled by an explosion. Three days after the accident, which took place far up in the hills, the "Columbia" docked at Alert Bay and our patient

was removed to the Mission hospital, where he was immediately operated upon. But unfortunately help of this kind cannot be always at hand and we must make the best of things and do the best we can.

The prenatal work is carried on as far as possible, and I must add a word in praise of the postnatal letters, which are certainly most helpful to young mothers in isolated places.

Two years ago a little cemetery was opened in Sayward, in which there now lie five occupants. It is one of my duties as District Nurse to lay out the corpse.

In summing up my work, it is this: Prenatal work; bringing into this world little lives; care of children and their various ailments; accidents; sickness; and, last of all, watching through the long hours of the night as the grim reaper takes his toll.

There is likely to be much development going on in Sayward during the coming years, as a very large logging camp is making arrangements to start operations in the valley. This will make a great deal of activity in the district and serve to bring in more settlers, which will add considerably to the range of work in this district.

EDITH M. WALLS, R.N.,
Sayward.

VERNON CONSOLIDATED SCHOOL DISTRICT.

Comparisons are rather difficult, so this year I am going over a part of my work for the past year.

In addition to the health classes which I take each week in the schools, I also have Little Mothers' League and home-nursing classes. We received a nice new Chase doll and bed for this work; the doll was given by the School Board and the bed, bedding, clothes, etc., were donated by one of the "Little Mothers."

Dr. Lamb, Travelling Medical Health Officer, visited this district twice during the past year; twenty school-children attended these clinics. No real trouble was found among them, although some of them require special care; a rest period is given them each day and cod-liver oil is provided for them.

We have held dental clinics each school month, sixty-two indigent cases being treated during the year. The interest in care of the teeth is increasing, and I note with great satisfaction that frequent visits to the dentist are becoming more of a habit with the children. We are busy now arranging a programme for the B.C. mouth-health educational campaign in this district. More attention also is being paid to the removal of tonsils.

A baby clinic was held in October and a pre-school and well-baby clinic is to be held in May or June this year.

Preparations were made last fall to vaccinate the school-children, but owing to an outbreak of scarlet fever the preparations were delayed. We are now making arrangements to vaccinate the school-children during the week preceding the Easter holidays.

Our scarlet-fever outbreak has resulted in the following number of school cases: December, 2; January, 13; February, so far, 10. I hope it is nearly over. Scarlet-fever serum was used in January, but not to any great extent.

One of our greatest problems seems to be the teaching of proper habits of healthy living to these new Canadians who are pouring into our district.

In conclusion, I must say that I enjoy working among the children the best of all.

ELIZABETH E. MARTIN, R.N.

REVELSTOKE--A NEW SERVICE.

The wisdom of having a School Nurse has been a much-debated topic in Revelstoke for some years. The School Board of 1930 decided they would give the service a trial for four months. This was strongly urged by the principals of both public and high schools.

In September, 1930, I started work here with a feeling that I had strong opposition against me, for the School Board were only partly in favour of it. The teachers did not know anything about the service and some of the leading merchants thought it was a waste of money, especially in these hard times.

After a visit to the Medical Health Officer, who is also the school doctor, I felt better, for he seemed to be a man keen on prevention, and he assured me he was behind me in whatever I did and that he was very glad the service was being given a trial. After I was here a couple of weeks the School Board asked me to come to their meeting and explain the service to them; the Rotarians asked me to speak at their luncheon, also the Canadian Club asked me to address their meeting on school-nursing.

In November the School Board informed me they were very pleased with the service so far and that they had decided to keep it on for a year. This year, when they were making up their estimates for the coming year, they came to the conclusion the service was beneficial to the community. So they are keeping it on.

Skin conditions were very prevalent all autumn and winter. I have been doing class-room inspection twice a month, and I am very proud this month, for I have not seen a case of scabies and only one of ringworm. But I am watching the schools very closely, for we have three households quarantined for scarlet fever in town and we are hoping there will not be any more.

When I came back after the Christmas holidays, on the first day of school many of the children came up to my office to tell me they had received manicuring-sets for Christmas and now they were going to try and keep their nails nice.

There are about 750 children attending school, of whom 150 are in the high school. I take two classes in first aid at one public school and two classes of home-nursing at the other public school, and give a forty-five-

minute health talk in each of the five classes in the high school every month. It seems to me other nurses accomplish a great deal more than I do, for I have hardly touched on child-welfare or pre-school work, but I do feel the work is being established here, and I hope before another year we may have a dental clinic in connection with the schools.

I cannot speak too highly of the co-operation I have received from the teachers of both public and high schools. They have made my work a pleasure to me, and most assuredly have been responsible for the success of the work here so far. I also wish to thank the Provincial Board of Health for its encouraging letters and for endowing us with the feeling that they are always ready to back us up.

AMY A. LEE, R.N.

THE NORTH VANCOUVER HEALTH UNIT.

The North Vancouver Health Unit is the fifth of its kind to be established in British Columbia, and as such it may be of interest to others to read an account of the unit and its activities.

A health unit is a complete modern health department for two, three, or more municipalities, thus making it possible for rural as well as small urban communities to have the advantage of modern preventive medicine.

The financial and business affairs of the Health Unit are managed by a committee consisting of two representatives from each interested Municipal Council and School Board. There is a Secretary, who, in the North Vancouver Unit, is also the Secretary of the District School Board. The Medical Director of the Health Unit attends all meetings and makes a monthly statistical and narrative report.

Costs.—At the present time one-half the total annual budget is paid by the Provincial Department of Health and the Rockefeller Foundation, the remaining half being divided on a two-thirds and one-third basis between the City and the District of North Vancouver.

The staff at present consists of a full-time Medical Health Officer and two Public Health Nurses, fully trained in modern public-health and preventive medicine. We hope to have a secretary soon who will relieve the trained personnel of much office detail. Each member of the staff has a car. Two are personally owned and an allowance paid for their use. The third car is the property of the Health Unit.

The office is on the ground floor of the North Vancouver General Hospital. This is a central location, close to the city schools, and about an equal distance from each district school.

Our working-day is from 9 a.m. to 5 p.m., but as the unit is still in its infancy a great many hours' overtime are spent on reports and organization.

The district includes the City of North Vancouver, having a population of approximately 16,000 with a school population of 1,800, and the District of North Vancouver, having a widely scattered population of 6,000 or 8,000 with a school population of 720. There are five schools in the city, including the high school, and five in the district. The area

covered by the Health Unit extends from the boundary of West Vancouver on the west to Dollarton and Deep Cove on the east, from Burrard Inlet on the south, and as far north as there are people living up the mountain-side.

The programme includes all phases of preventive medicine. The following activities are specially emphasized:—

- (1.) Prenatal.
- (2.) Postnatal and infant-welfare, including a well-baby clinic.
- (3.) Pre-school.
- (4.) School: (a) Annual physical examination by Medical Health Officer with parent present; (b) quick class-room inspection for contagion; (c) class-room inspection by nurse; (d) class-room health talks; (e) reporting of absentees; (f) readmission certificates; (g) inspection of school premises; (h) home-school visits.
- (5.) Communicable disease: (a) Consultations; (b) quarantine and isolation procedure explained by nurse; (c) release procedure; (d) taking of swabs; (e) transportation of specimens to Vancouver General Laboratory; (f) supply of antitoxins and vaccines; (g) tuberculosis visiting and organizing chest clinic for Provincial Tuberculosis Specialist.
- (6.) Investigation for remedial measures: (a) Neglected children; (b) crippled children; (c) blind and deaf, etc.
- (7.) Mental hygiene.
- (8.) Transportation of patients to medical doctors and clinics, etc.
- (9.) Special examinations made by Medical Health Officer for City Hall.
- (10.) Control to ensure safe milk, water, and food-supplies; inspection of: (a) Dairies and dairy-farms; (b) restaurants; (c) meat markets; (d) grocery and confectionery stores; (e) bake-shops and all other food-handling establishments; e.g., barbecues, etc.
- (11.) Sanitation: (a) Public rest-rooms and lavatories; (b) sewage-disposal; (c) garbage-disposal.
- (12.) Supplying public-health literature, or public-health speakers for any meeting.
- (13.) Public-health exhibits at fairs, etc.
- (14.) Social service.
- (15.) Close co-operation with all organizations interested in public health.

Our prenatal work is in its earliest infancy, but we hope before long to be doing more. The postnatal and infant-welfare are covered by sending letters to the mothers of new-born babies, one for each of the first twelve months. We make infant-welfare visits as well and hold a well-baby clinic once a week. The Medical Director of the Health Unit attends these clinics.

Our school programme is heavy. We are concentrating more on this work this year than we shall in the future. It gives us our introduction into the homes and so helps us to carry on the other phases of preventive medicine.

Each child is to have a complete physical examination yearly. We are trying out the group method. That is, all of one family is done at

one time. We invite the mothers to be present, stating the hour at which her children will be examined, thus saving the interminable waiting and waste of time so often found in clinics, school or otherwise. So far we have had 75 to 80 per cent. of the invited mothers present. It is a slow process, but we feel that seeds of prevention are being sown in fertile ground—the mothers' mind--and so a greater good is being done than if we proceeded by class-rooms, which is the more usual method. Next year we will perhaps revert to the system used in many schools, that of having the mothers present at the examination of the beginners only.

Absentees of two days are telephoned or visited and are not admitted to school without a certificate from us. In this way we have kept communicable diseases from spreading and have also increased the average daily attendance in the schools.

All communicable diseases are reported by the medical men to the unit, which, in turn, reports them to the Provincial Department of Health. All diagnoses are confirmed by the Medical Director of the unit. The nurses quarantine, placard, and explain isolation and release procedures under the direction of the Medical Health Officer. At first there were many grumbles and rumbles, and sometimes real explosions, when patients learned there was to be no impressive policeman with his little sulphur candle, but honest-to-goodness house-cleaning with plenty of hot soapy water, elbow-grease, fresh air, and sunshine, when there is any.

We have a map of the city and district in the office, on which we peg each case of communicable disease as it appears, using coloured map-pins for the different diseases. At the present time we have one peg on the map, diphtheria—there have been more. We have had two outbreaks of communicable diseases, one of diphtheria in the district; that was our initiation into our new job, and what a reception we got—something this new doctor and nurse brought with them to give themselves something to do. The other a chicken-pox outbreak in the city, about which you will read in an article by Miss Lowther published in the BULLETIN.

During the second week of February, Dr. Lamb, Provincial Chest Specialist, held a clinic under the auspices of the Health Unit. There were eighty-five patients examined. We feel that in establishing this clinic, with its follow-up visits, we have made a good start in our tuberculosis-work.

The control of food, milk, and water-supplies is another big item. A survey of all food-handling establishments has been made by the Medical Health Officer and check-ups are made at intervals. All dairies supplying milk in this district have samples taken for bacteria count each week. The farms are inspected and advice has been given that has helped very materially in lowering the count, which is sometimes too high.

We supply public-health literature and public-health speakers. One of our very first ventures was a public-health exhibit at the District Fair. We co-operate closely with all organizations interested in public health.

We hope in time to have a model Health Unit which will prevent disease entirely and give people better health and longer life.

NORAH E. ARMSTRONG, R.N.

PUBLIC HEALTH IN ARMSTRONG.

Looking over the reports for the past year, I find we have made some progress. Although it is not very spectacular, it is well to know that we are going ahead, even if the going seems to be rather slow at times.

One of the best of the individual pieces of work was done on a boy of 15 who had a harelip-cleft palate and chronic mastoid. Twelve years ago he had an operation on his lip, which was not a success. It was followed by a mastoid which became chronic. Last summer the boy made two trips to Vancouver, first for treatment for the mastoid and next for the operation on the lip. Both operations were a success and the boy is back in school benefited both mentally and physically. We are very grateful to the local Canadian Legion, the Canteen Fund, and the Social Service Council of Vancouver for giving financial aid, and also to the surgeon, who gave free service. We hope at some future date to be able to have the palate remedied.

For two or three years I have endeavoured to have a clinic to immunize the children against diphtheria, but very few seemed interested. A short time ago three cases broke out in the school. We immediately sent notices to the parents about a clinic and there was a splendid response; when we are finished 60 per cent. of the pupils will be immune.

Every year we keep up with the vaccination for smallpox; fully 85 per cent. have been vaccinated.

Dr. Lamb, with his chest clinic, has been a wonderful help to us, seventy-five pupils having had chest examinations up to date. The suspects and contacts are re-examined periodically.

The senior grades have shown great interest in the first-aid competitions. Before Christmas ten boys procured their Junior first-aid certificates to be eligible to enter for the St. John Provincial and Dominion championship trophies.

The project for the "Little Mothers'" class last year was to make a baby book. It entailed a lot of extra work for the girls, but they seemed to enjoy doing it, and after it was completed I felt they knew more about the care of the baby than any of my previous classes.

With the help of Dr. Ootmar and his assistant, Mr. Watt, we had a very creditable health exhibit at the Interior Provincial Exhibition held here last September. We had a baby corner with posters, booklets, etc., but emphasis was put on the prevention of communicable diseases. This year we hope to obtain more space and enlarge the exhibit, picturing more phases of public-health work.

The health corner in the school exhibit was truly worth while. Its success was due to the teachers and pupils, who spent much time and thought on the making of the posters and booklets.

We still have a few children that are malnourished, who are encouraged to bring milk to drink at 10 o'clock. In fact, most of the junior pupils bring milk daily. We have a number of children who do not bring adequate lunches; for these milk or hot soup is provided. We also have been presented with boxes of apples, which help out the meagre lunches.

Before closing this report I would like to mention the splendid co-operation that has been given by the Provincial Health Officer, the Armstrong School Board, and the staff of the Armstrong schools.

PEARL CHARLTON, R.N.

HEALTH-TEACHING IN SCHOOLS—A NEW IDEA.

May I discuss the ever-present problem of teaching health in the public schools—schools being the most fertile places to try one's skill at putting over new ideas.

Would it not be wise to handle this topic from the school-child's point of view? Does he appreciate my monthly inspections and the inevitable health talk that follows the inspection? Does he appreciate all the hours I have worried about getting up a talk for his special benefit? Does any of it sink in deep enough for him ever to think of it voluntarily after school-hours? Does he think anything about my advice to eat fresh vegetables as often as possible during the winter, and that a good all-round diet is the best fuel for growing boys rather than sweets, etc.? If I were in school with these up-to-date nurses telling me what is best for me, would I appreciate it? Do the parents pay any attention to what the boy may tell her about my health methods? I can almost hear you say: "Well, if you are a *good* nurse you will be bound to make an impression on some of the children, and if you do your teaching in an attractive way you are bound to put some of it over." I wonder! Hope springs eternal in the hearts of Public Health Nurses even as it does in the heart of youth, so we all go on, following out our prescribed rules for teaching health. It would be interesting to find out what percentage of the children derive benefit from it.

This whole question has been a problem for me ever since I started school-nursing, and the result has been the birth of an idea which I have tried out on several occasions with a great deal of success, both in Vancouver and Cowichan. May I present it for your perusal?

Since it is the children we are working with in the hope that they, being the future adults, may get a measure of help from their nursing service, and be able to apply some of our teachings to their future everyday health, why not find out what they want to know? From this angle one can see that children, all the world over, are the most perverse question-askers it is possible to find, so let us give them a chance to ask their questions and try our best to answer them.

My suggestion is this: Ask the principal's permission to take over the next hygiene and health period, and devote the whole of that period to answering questions put by any one in the class. The teacher's permission is obtained too, of course, and the teacher will often ask the odd question himself, being perhaps as interested in the whole proceeding as the pupils themselves. I usually give the class a day's warning, so that they can gather their questions from hither and yon, home and abroad.

One is frequently amazed at the questions asked and the versatility of students. The upper grades are the only ones treated this way of course, and what a Grade VI., VII., or VIII. child doesn't want to know isn't worth knowing!

Try it, and you will feel at the end of the session that you have "put over" more health knowledge and satisfied more queries than you would ordinarily be able to do in years.

BERTHA JENKINS, R.N.,
Cowichan Health Centre, Duncan.

PERSONALS.

We are glad to welcome several new contributors to our BULLETIN this year. Since the last issue the North Vancouver Health Unit has been opened, with Dr. G. F. Amyot as Health Officer and Miss Norah Armstrong and Miss Elizabeth Lowther on the staff. Miss Dorothea MacDermot, formerly of Montreal, took charge of the School Nursing Service in Nanaimo, following Miss Armstrong's transfer.

Miss Hilda Peters inaugurated a school-nursing programme in the Chilliwack City schools. Her place in Ladysmith was filled by Miss J. Worthington, of Australia.

Miss Blanche Mitchell received an appointment as instructor in health education at the Normal School in Calgary. Her position as supervisor at the Cowichan Health Centre was taken by Miss Anne Yates. Miss Yates resigned at the beginning of this year in order to be married, and was succeeded by Miss Bertha Jenkins, formerly of the nursing staff of the Vancouver City schools. With Miss Jenkins's appointment as supervisor, her place on the staff was filled by Miss Ledwina Servos, a recent graduate in public health at the University of Washington.

Saanich Health Centre saw several staff changes, as noted in her article by Miss Naden.

New services were instituted in Penticton under Miss M. A. Twiddy, who was formerly at Oliver, B.C., and at Revelstoke under Miss Amy Lee, who was in charge of the District Nursing Service in Nanaimo several years ago.

Miss A. M. Roberts, who went from Cowichan Health Centre to institute a service in the Peace River District, has written a very interesting account of pioneer work there.

Miss Olive Ings was appointed to the Indian Service at Fort William. Her place at Westbank was filled by Miss Hilda Barton, of the Victorian Order of Nurses.

Miss Flora McKechnie entered the matrimonial field the end of December.

Miss Olive Garrood enjoyed an extended trip to Europe during 1930.

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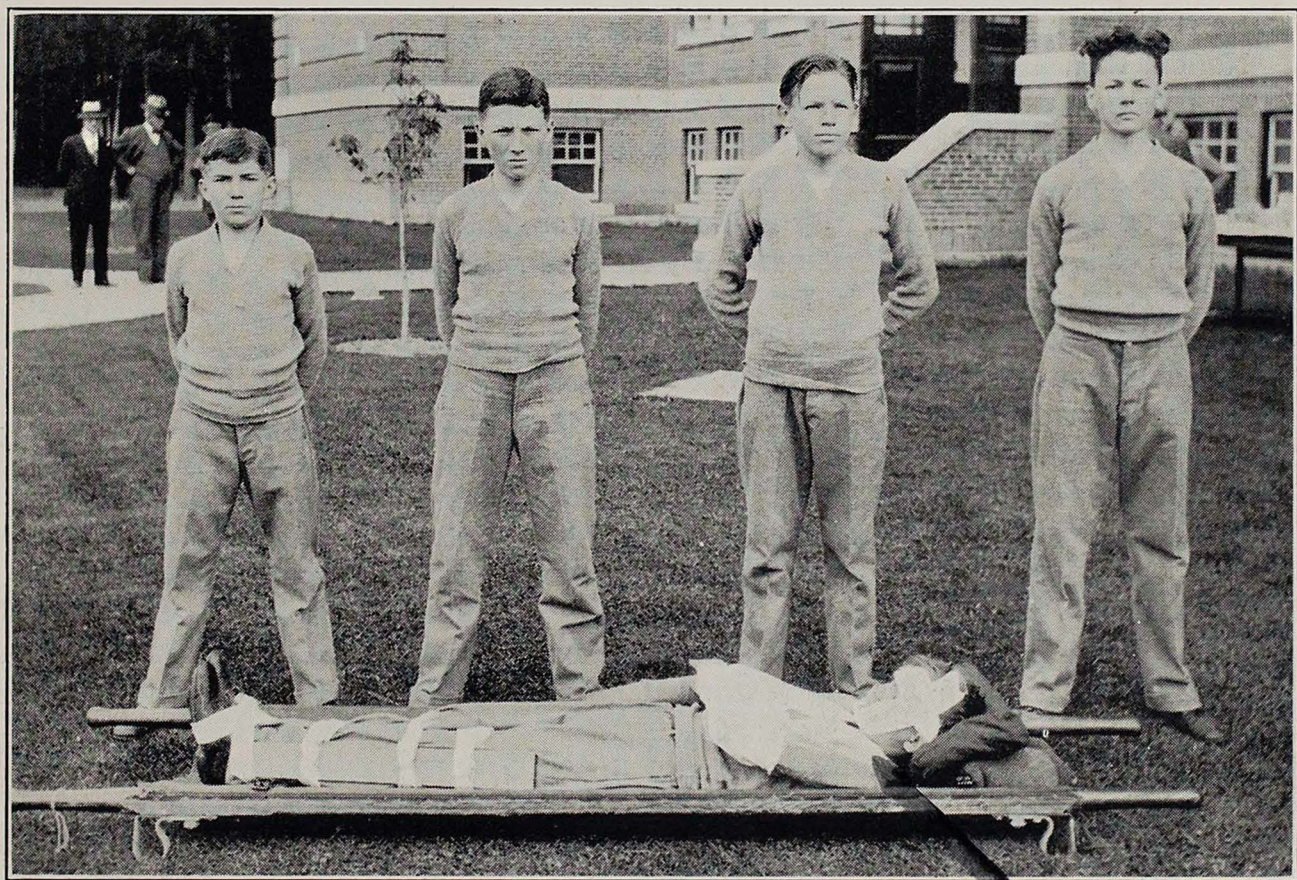
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ARMSTRONG FIRST-AID TEAM, WINNERS OF THE LEONARD SHIELD, 1931.

CONGRATULATIONS.

IT HAS been said by an eminent authority, "A Public Health Nurse is much more than a graduate of a good hospital. She may be doing infant-welfare, school-nursing, tuberculosis or bedside nursing—an infinite variety of combinations—but she must understand how to enter the homes of the simple people, she must know how to teach and advise acceptably when she gets there, she must know how to get results in her community."

So, because you are succeeding so well in fulfilling the strenuous demands a Public Health Nurse's job entails; because you are carrying forward the enviable record and reputation the Provincial Board of Health has in the eyes of its neighbours; because of your high courage, your zeal and enthusiasm, your splendid response to every situation—

CONGRATULATIONS.

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EDITORIAL.

It has been my privilege to be editor of the PUBLIC HEALTH NURSES' BULLETIN for three years now. Perhaps because an editor has to be on close watch for misspellings, faulty grammatical construction, and, occasionally, ambiguities, I have read each article with a great deal of care. My enthusiasm knows no bounds, for this issue contains some of the most interesting articles I have read in any periodical for a long time. It seems to me an indication of our growth that there is a branching-out of the subject-matter in many directions. A more or less stereotyped form of article that reports progress only in terms of the number of visits made or the number of clinics held is missing the real purpose and value of this BULLETIN. The underlying motive in writing any article should be, is there anything worth while in what I have written? Will it help even one person to do a better job because of inspiration she has received from my article? If we do not lose sight of that objective, all our articles will be so worth while that we will be beseeching the Provincial Health Officer to publish the BULLETIN more frequently than once a year.

Many articles in this book make interesting reading. You will be interested to read about Mrs. Thomson getting stranded *in* the Similkameen River; of how Miss Claxton's trip of 60 miles up in the Peace River country took her three days; of Miss Cardwell's descent upon the Mennonite schools, etc. There are so many articles that you will be interested in that I cannot enumerate further incidents. But I would like to recommend to you especially those by Miss Miller and Mrs. Grindon.

In view of the fact that smallpox cases of a virulent type have been present in Vancouver, we would recommend for careful perusal the articles written by Mrs. C. A. Lucas and Miss Armstrong.

Our combined thanks to the Provincial Board of Health for the BULLETIN.

M. E. K.

NORTH OF THE PEACE RIVER.

Public-health work as undertaken north of the Peace is probably, I think, unique in British Columbia. There are several reasons for this. One being that it is not a whole-time job, but is carried on in conjunction with hospital-work in a little Red Cross Outpost. Another reason being that it is essentially a pioneer country, and the settlers are very poor in this world's goods and very widely scattered. Many of them have been driven out of the Prairie Provinces by a succession of poor crops, and arrive here with practically nothing, to start all over again in a more fertile land. Some of them come in covered wagons, having driven their stock before them for many hundreds of miles.

Their homes in many cases consist for some time of tents and shacks, usually plastered up with mud to withstand the climate; all their efforts

being directed towards breaking land and raising feed for their stock as soon as possible, and procuring the bare necessities of life for themselves and families.

Even among settlers who have been in for several years very little actual money changes hand, but business is largely carried on by the old method of exchange and barter.

Life being such an uphill fight, and the settlers being so occupied in just "keeping the wolf from the door," it is not altogether surprising to find that, although they appreciate a District Nurse, and are glad to have a little place where their babies can be born, the majority of them do not see much sense in preventive medicine.

However, one has to remember that "Rome was not built in a day," and it is no good getting discouraged. By helping them in every way possible their confidence is gained and the way made open for the "word in season."

Because the distances are so great and the roads so often impassable for some reason or other, the obstetrical cases usually come down to the Outpost in plenty of time.

That waiting-time can be made very profitable. Their minds are usually in a receptive mood, and away from their household cares the women have more time and opportunity to think than they have had for a long time.

Child-welfare in all its phases is discussed and all the family problems brought to light; and it is not only the mothers who come in for health discussions, but often the fathers and husbands too.

It so often happens that when the new father visits the patient, or comes to take her home, he has to rest and feed his horses, and so joins us at a meal. This is often an opportunity for a lively discussion on some health question, such as vaccination or immunization of the new offspring. We hope that some new aspects of these subjects are shown up, and, at least sometimes, help given towards breaking down old prejudices.

As I remarked before, very little money appears available up here just now, and hospital fees, if paid at all, are often paid in kind—such as a pig or a quarter of beef for a new baby, and a load of wood or a couple of fowls for a pneumonia case!

When things are quiet in the Outpost, outlying schools and babies are visited on horseback or foot. In the fall, when no patients were expected in the Outpost for at least a week, a visit was paid to Hudson Hope, which is, I suppose, the most westerly point of this district.

Though only 60 miles away, it took us three days each way to make the trip. The trail is very difficult in places, though very beautiful, winding sometimes along by the Peace, and sometimes going many miles inland to skirt deep ravines and canyons.

A woman missionary accompanied me, and we visited nearly every one along the trail. Some of the homesteaders are 7 or 10 miles from another habitation. The women live lonely if busy lives, and seemed very pleased to see us; gladly putting us up for the night. Some of them

had not seen another woman to speak to for months, as very few go that way.

We visited the tiny school at the Halfway, and rounded up school-children, pre-schoolers, and all the inhabitants of the small settlement—my friend, the missionary, with a view to their spiritual needs, and I to their bodily.

It was a new experience to both of us to ford the rushing Halfway River, but we were carefully shown the best place to enter and how to avoid the undercurrents, and so arrived at the other side safely, if somewhat wet.

Another tiny school to visit at the Hope, and a day spent in visiting prenatals, preschoolers, etc., and then we took the homeward trail again.

The last night on the trail my horse broke loose and got away, leaving me stranded a good 20 miles from home. However, I didn't have to walk, as some one lent me another horse, and Paddy, the runaway, turned up at home a few days later.

Though nothing spectacular in the way of public-health work was done on the trip, I felt at least that a few useful contacts were made, a few words of warning spoken, a few of encouragement, a little help given in regard to a difficult infant-feeding case, a couple of prenatals found, and two children with defective vision discovered in the schools. And, incidentally, my own mind refreshed and my eyes opened still more to the needs of the people.

M. CLAXTON, R.N.

CARRYING THE MESSAGE OF HEALTH TO SAYWARD, B.C.

It is with much pleasure that I submit a brief summary of work done during the year 1931. The school is visited twice a month, and oftener if necessary. Child-welfare visits are made every month where there are babies and children under school age. Nursing visits are given where necessary and I try to keep in touch with the doctor on the Columbia Coast Mission boat. They call in at Kelsey Bay every two weeks when possible. Sometimes they cannot keep to schedule owing to storms and urgent calls. Any patient wishing to see the doctor goes, if possible, to Kelsey Bay. The doctor visits them if they require it. The district is scattered, though small, and there are still some families of the old school that do not believe in tonsillectomy and preventive methods in stamping out epidemics when it is possible to do so, by getting the children immunized against some of the infectious diseases. One must, however, be satisfied with the minority that are progressive, and even that is worth while. During the year there have been one case of scarlet fever and two cases of German measles, and during the months of December and January it seemed that every one had influenza; but the school-children are all at school and the majority of the people are better.

The Lower Sayward School was not opened last September, as there were not enough pupils, but an arrangement was made between the

trustees of both schools and the Education Department to send the pupils from the lower end to the Upper Sayward School. A closed car was engaged for the term and so the five pupils are able to get to school. Next year I think there will be enough pupils to open the Lower School, as there are more children ready to start school.

Dr. Youlden, from Victoria, was in Sayward last August to attend to the teeth of school and pre-school children.

The annual fair was held last September. The school-children took an active part in the way of school-work, vegetable-growing, sewing, and cooking, taking several prizes. A health exhibit was put on, where literature, health foods, and posters were exhibited; prizes being given for the latter. The posters were made by the school-children. There were also races, etc., for children. After the judging was over the literature was distributed amongst visitors and residents.

At Christmas the school-children gave an excellent concert, consisting of singing, recitations, and dialogue, ending up with a health play by Santa Claus and the school-children. Santa Claus then distributed presents and candies to all the children off the Christmas tree. Great credit is due the teacher, Miss Stewart, for her untiring work and interest in the children, which made it a success. Credit also is due the children for their hearty co-operation in learning their parts so well.

The question of cocoa for school lunches I have brought up, but the majority of children have thermos flasks and bring hot milk or cocoa in them for school. In that way they get the hot drink at noon. I am very interested in the work in general and hope the time will come when there will be complete co-operation between parents, teachers, and nurses in the way of prevention and health laws for children.

I have received copies of several of the radio talks on infectious diseases and have read a paper each month at the Women's Institute meeting. The radio talks are very helpful and are put as plainly as possible, so that any one can understand them. I received them from the Greater Vancouver Health League. I have some papers yet to read at the meetings and I am sure they will be enjoyed by the members.

EDITH M. WALLS, R.N.

OUR RESPONSIBILITY FOR THE HEALTH OF THE SCHOOL-CHILDREN.

Another year has gone by, and, considering everything, I think that we have had an unusually good year.

One of the things accomplished this year was the immunization of about 500 of our school-children. We had no local cases of diphtheria, but several Indian children living between Vernon and Kamloops were brought into our isolation hospital. This was a great help in putting the immunization across.

There has been no vaccination clinic for some years, but vaccination has been done from time to time by local physicians, especially since the outbreak of smallpox in Vancouver and cities south of the line. We are trying to arrange a clinic to be held in the near future.

For the past few years I have conducted Little Mothers' League classes among the Grade VIII. girls. We have now finished the course for this year and fifty of the girls have written essays and received marks for them.

Home-nursing classes have now been started with the Grade IX. girls. In this course we take: (a) Bedside-nursing; (b) feeding the sick; (c) how to give treatments and medicines; (d) communicable diseases; (e) emergencies and slight ailments; (f) health in the home; (g) infant-care; (h) the feeding of infants and children.

These classes will continue until the end of June. I have carried them on each year and think that they are a great help not only to the girls themselves, but to those at home and others with whom they come in contact. There are thirty-three attending the classes this year. I have also done some of this work with the Girl Guides and have gone to camp with them as camp nurse for the past two years.

During the cold weather all school lunches are eaten in one of the class-rooms under supervision. A great number of these children carry thermos bottles; others bring part of their lunch, soup, etc., in a glass container with a screw-top. These are heated on an electric plate in one school and on a jacketed stove in another. The majority of our children are exceptionally sturdy and the percentage of underweights fairly low. Provision is also made to give milk and cod-liver oil during the winter months for undernourished children.

Last winter the I.O.D.E. organized and operated a soup-kitchen. A relief-room was also established to provide clothing, shoes, etc. This winter a committee was formed, representing all the societies of the city. Funds have been raised by voluntary contribution, the school staffs giving 5 per cent. of their salaries as their contribution. A community chest was formed to provide work, food, and clothing for those who are in immediate need of help. In this way shoes and clothing have been provided for our needy school-children. A wonderful work is being done, the people of the valley displaying, as always, a fine spirit of generosity and kind-heartedness to those in need.

Dr. Lamb visited this district twice and held clinics. A number of adults and twenty-two children attended. No trouble of a serious nature was found among these children, although some are watched carefully and examined periodically.

There is a decided improvement in the condition of the teeth of our school-children. It is good, and we are trying to make it still better by stimulating the interest of the children and parents and taking care of indigent cases through our school dental fund.

Through the kindness of Dr. Ootmar a health exhibit was held in the home-economics rooms last fall. The parents were invited to attend, and

the exhibit was also used to give practical lessons in food values by the home-economics teacher.

A baby and pre-school age clinic was held during the year and was well attended.

As I go from grade to grade, giving our children health talks, I realize more and more the wonderful opportunity and great responsibility that is ours. I feel sure that the earnest health-teachers, no matter where they are, are developing a health consciousness among our children, instilling into their minds character-building material that is going to be a tremendous help in the years to come.

ELIZABETH E. MARTIN, R.N. 30

CHANGES THAT ARE BEING MADE AT SAANICH HEALTH CENTRE.

Again we have had several changes at the Saanich Health Centre. Miss Clare Rose resigned last June to be married. Miss Audrey Paine was transferred to Ladysmith in July. Miss Margaret Sutherland and Miss Heggie Hillas, Sc.31, U.B.C., arrived in August to take over their duties.

Due to the general financial depression our committee has been pondering over ways and means to curtail expenses. To our great satisfaction our staff has been left intact. We trembled for the fate of the school dentist, but his excellent work and the satisfactory results proved that it would be false economy to dispense with his services. Needless to say, the fees collected are considerably less than usual and more children are in need of free work.

The Health Centre building has a number of rooms which have been unused. The upkeep has been very considerable. A janitor service has been necessary and fuel, light, water, laundry, etc., have been large items each month. The committee has decided to rent the building to Mrs. Thomson, a graduate nurse, who intends to start a private hospital. The nurses and doctor are keeping their offices as at present. The nurses are, for the time being at least, keeping their living-quarters, but we are making our own arrangements with Mrs. Thomson and the Health Centre Committee will have no further responsibility in this regard. The proposed arrangement will save the municipality between \$1,500 and \$2,000 a year and there will be no curtailment in the services.

We were very pleased to have our old Ford replaced with a 1929 Chevrolet Sedan, which has travelled only a few thousand miles and has been well cared for.

We were sorry to lose some of the members of our committee, but their places have been well filled, and we feel that our work and our welfare have received every consideration from the committee and the municipal authorities as a whole.

To the Provincial Board of Health we owe our sincere gratitude for their unfailing help and encouragement throughout the past year.

ESTHER S. NADEN, R.N.

SCHOOL-NURSING IN REVELSTOKE.

I can hardly believe that a year has passed since our Refresher Course, and that it is time for another BULLETIN to be printed. I think we each look forward to seeing what the other is doing, and as we are not having our Refresher Course this year, the BULLETIN will be even more interesting than other years, if that is possible.

On looking over my reports for the last eighteen months, I am fairly well pleased with the results. It has been a hard year financially, and one hardly likes to ask parents to have their children's defects attended to. But then, again, how important it is for the child to be rid of any handicap! I am encouraged by the way parents have come to me and have asked me about their children, and with the number who have had their defects attended to.

Last April our two local dentists gave their services free; they came into the schools and examined every child's mouth thoroughly. A chart was then sent home with each pupil, and the parent was able to see just what was the condition of the teeth. This, I think, has been a great help with the dental work.

In June, 1931, I found a number of children many of whom, though not underweight, had failed to gain in weight during the school-year. I visited most of the homes and drew the parents' attention to this, also to any defect the child might have. I got a splendid response. In one class there were eighteen out of forty who had not gained in weight. This year they have all made their gain. A number have had teeth attended to; others, some other defect, or the mother has been more particular about the child's diet. In some cases where I did not get the co-operation of the parents I would ask our school doctor to speak to them. This failing, I found the School Inspector could do wonders in helping me to persuade the parent some treatment was necessary for the child's welfare. There was, for instance, one boy whose eyes were defective. He was also losing weight and having to be sent home with a sick headache nearly every day. I paid several fruitless visits to the home; I asked the school doctor to speak to the parents, which he did, but with no result. Then I spoke to the Inspector about it and he said he would see the father. The father promised to have the boy's eyes tested some time, but the Inspector said, "*Not some time, but now. May I take the boy for you?*" The boy's eyes were tested and glasses given. He gained 9 lb. from October to January and never had to be sent home with a sick headache.

This winter I received a lot of splendid information about most of the poorer people of Revelstoke by working on the Investigating Committee for the Christmas Cheer. It gave me an insight into who the most deserving cases were. I hope in the future some of the organizations here will take up child-welfare work, so we may be able to have some of the children, whose parents cannot afford to have their defects attended to, looked after. Dr. Young's splendid address to the Rotary Club and the Canadian Club last fall has certainly made the people much more interested in school-nursing. One result of his talk was

that the Local Chapters of the I.O.D.E. and the Women's Auxiliary to the Canadian Legion have offered to put milk in the schools for the underweight children, or children who are not gaining in weight.

Last year skin-diseases presented a great many difficulties. This year I have excluded three pupils for scabies. One had just come from Vancouver. All other skin conditions, which have been very few, I have been able to treat in the schools. I think I have all the children trained to believe it is a very great disgrace to have a skin condition and not report to me or their teacher, and that it will be serious for them if I find it when doing my class-room inspections.

We have 760 children attending school. Two hundred and forty of these have received dental treatment since my coming here in September, 1930; twenty-nine have had their eyes tested and have been given glasses; ten more have had their glasses changed and eyes retested; eight have had treatment for ear conditions; sixteen have had their tonsils removed; seven have had treatment for goitre.

AMY A. LEE, R.N.

THE PUBLIC HEALTH NURSE AND CHILD-STUDY GROUPS.

When the first District Nurse commenced her work among the poor people of Liverpool some seventy-five years ago, she was looked upon with many misgivings by the better educated, more wealthy members of the community. Later, when her work was expanded to include school-nursing, the Boards of Education and their supporters were unanimous in their challenge—that this new departure was beyond the province of the nurse. The upheaval in the social structure as a result of the Great War and the realization of the tremendous handicap placed upon children by parental neglect led to the development of extensive programmes in the care of the infant and the pre-school child. This increased demand required a far higher standard of knowledge and training than heretofore for the Public Health Nurse, and resulted in a wider range of university courses adapted to meet the needs of the situation.

Within recent years a new task has been laid upon this group of nurses, who are now shouldering many new responsibilities. The average parents are becoming more concerned all the time with the psychological development of the child. They have realized that there is a great gulf lying between their children and themselves in mutual assistance, companionship, and understanding. They are reaching out for more help, and the Public Health Nurse, in response to this "felt need," is striving to adjust her teaching to include this new development.

Foremost among the organized groups who are thus contemplating this psychological phenomenon, the child, is the Parent-Teacher Association. Child-study groups have been developed in many organizations where problems relating to behaviour, moral training, etc., are discussed. It is with this group that there appears a real opportunity for the Public

Health Nurse with a broad understanding of children and a background of psychology.

There are many communities where these study groups have not yet been formed. In the rural communities where there are no Parent-Teacher Associations, the Women's Institutes are very often eager for just this type of development. The Public Health Nurse frequently has to take the initiative in the formation of these groups, and as an aid to her I am appending a suggested outline of topics and the titles of a few books which are valuable aids in almost any branch of child-study the group may undertake.

Every now and then you hear of a nurse, engaged in rural work, who remarks that after she has been out all day in the district, home looks the best place in the world to her in the evening. That nurse has a peculiar opportunity that is denied her city sister. The recreational and educational facilities of the rural district are limited. Even in this modern day, when the radio contributes lectures on worth-while topics and it is possible to procure educational motion-picture films, there is a distinct gap between the provision made for an enriched educational service in city and rural communities. This opportunity is afforded the rural nurse through the medium of the study group.

Among parents, one will occasionally be found who frowns upon a young nurse giving advice on child training and care. The nurse has ample justification, as she can readily demonstrate to the parent.

The study of child-psychology teaches us that there are definite differences in all children. Many of them suffer from mental or physical handicaps which tend toward the development of an inferiority complex. Parents must realize that it is not the actual handicap that counts, but the child's attitude *toward* it. They must strive to give the child the best background possible, not pushing him beyond the limit possible for his inherited ability, but allowing him scope to develop all his potentialities.

Topics may be chosen from the following for discussion at the meetings of the study groups. There are many other topics that will suggest themselves to the leader of the group as the discussions progress.

- (1.) Heredity and the individual differences in inheritance.
- (2.) Environment as a controlling factor on heredity.
- (3.) Development from birth to maturity.
- (4.) How habits are formed.
- (5.) Developing attitudes.
- (6.) Fears, and other emotions.
- (7.) Moral training. A child's ideas of punishment.
- (8.) Temper tantrums and other behaviour difficulties.
- (9.) Play interests of children.
- (10.) Children's interests in collecting.
- (11.) Children's books.
- (12.) A child's ideas of religion, etc.

There are many very valuable books that may be procured. Many can be borrowed from the Open Shelf of the Provincial Library. Many

others are available at other libraries. The average nurse cannot afford to buy a large library, but certain books are invaluable in child-study. I am including the name of the publisher and the approximate price of the various books:—

- (1.) Blatz, Wm. E., and Bott, Helen McH.: *Parents and the Pre-school Child* (Dent & Sons, Toronto, 1929). Price, \$1.50.
- (2.) de Schweinitz, K.: *Growing Up* (Macmillan Co., Toronto, 1928). Price, \$1.75.
- (3.) Thom, Douglas M.: *Every-day Problems of the Every-day Child* (D. Appleton & Sons, New York, 1927). Price, \$2.50.
- (4.) Blanton, Smiley: *Child Guidance* (Century & Co., New York, 1927). Price, \$2.25.
- (5.) Terman, L. M., and De Lima: *Children's Books and Reading—A Guide for Parents* (D. Appleton & Sons, New York, 1926). Price, \$2.25.
- (6.) Bolton, F.: *Adolescent Education* (Macmillan Co., Toronto). Price, \$2.50.
- (7.) Tisdall, Fred F.: *The Home Care of the Infant and Child* (J. M. Dent & Sons, Toronto).
- (8.) Brooks, F. B.: *Psychology of Adolescence* (Houghton & Mifflin, San Francisco). Price, \$3.
- (9.) Jones, A. G.: *Vocational Guidance* (McGraw-Hill, New York).
- (10.) Richardson, Frank: *The Nervous Child and his Parents* (Putnam's Sons). Price, \$2.50.
- (11.) Von Gruber: *Hygiene of Sex* (Williams & Wilkins, Baltimore).
- (12.) Newman, H.: *Education for Normal Growth* (D. Appleton & Sons, New York).
- (13.) Heaton, K. L.: *Character Building through Recreation* (University of Chicago Press). Price, \$1.85.
- (14.) Blatz and Bott: *The Management of Young Children* (McLelland & Stewart).
- (15.) Van Water, M.: *Youth in Conflict* (New Republic, New York). Price, \$1.

MARGARET E. KERR, R.N.

SUMMARY OF A YEAR'S WORK.

The second year of the Westbank-Peachland District is past and the generalized programme that we are carrying out here has proved very interesting.

Visits.—Five hundred and twenty-three nursing visits were made; 237 educational visits, including prenatal, postnatal, and infant-welfare; and seven confinements attended.

Clinics.—Under the supervision of Dr. Ootmar, M.H.O., five well-baby and pre-school clinics were held in Westbank, with a total attendance of sixty. We all appreciate Dr. Ootmar's keen interest in this branch of our work.

Chest clinics were held in Kelowna Hospital in March and September. Fourteen T.B. suspects from Westbank-Peachland District were examined by Dr. Lamb, Travelling Diagnostician.

In Peachland a class of thirteen girls completed a course of twelve lessons in mother-craft. The closing exercises took place in May, when the girls received their certificates and pins. In October the class repeated this demonstration to the Peachland Women's Institute.

School-work.—Regular school inspections have been made. Health talks were given and the children encouraged to establish good health habits. One hundred and seventy-three home visits were made in the interests of the children.

In March, 1931, Grades I. to V. in Westbank Townsite School gave a concert to raise funds for a much-needed lunch-cupboard. A play entitled "Milk the World Over" was a leading number. The sum of \$18.50 was realized. The splendid co-operation of the teacher, Miss Mossey, and the mothers who made candy to be sold the night of the concert, and the enthusiasm of the pupils themselves aided in making this concert a success.

Indian Reserve.—It is pleasing to note the friendly attitude these Indians have toward the nurse compared to what it was a year ago. Nursing care is given when necessary, and then I have an opportunity to give the whole family a health lesson, stressing the importance of reporting any illness to the nurse.

We are indeed grateful to the Westbank Women's Institute for the furnishing of the nurse's office with a desk, cot, and curtains.

HILDA E. BARTON, R.N.

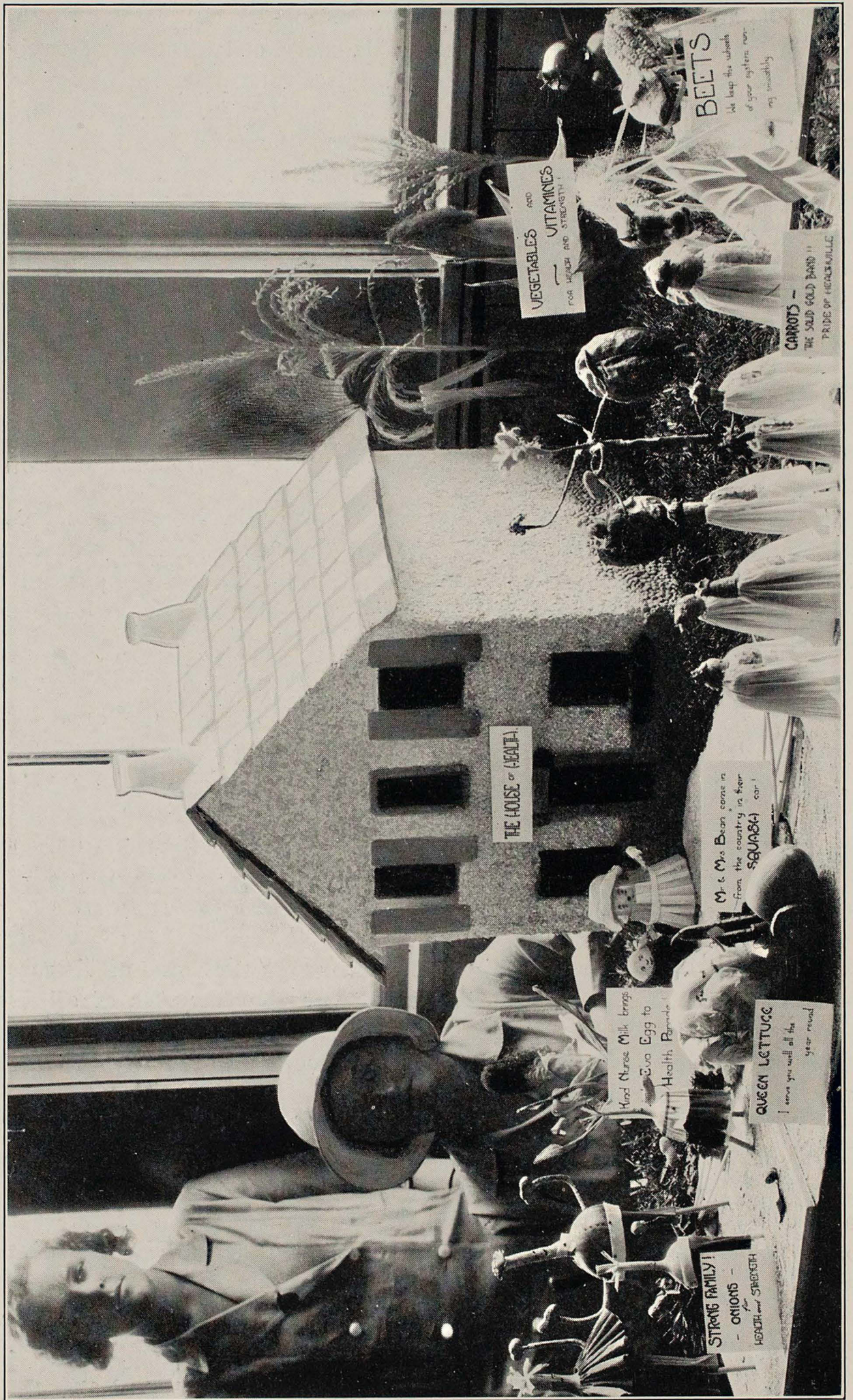
"VITAMINS FOR HEALTH AND STRENGTH!"—A HEALTH EXHIBIT AT KELOWNA, B.C.

The best time for a health exhibit concerning the value of vitamins is undoubtedly in the fall of the year, when the thoughts of all are centred on the rich harvest of field and garden produce, and there are many varied home-grown and home-canned vegetables and fruits which may be used for demonstration purposes.

With this thought in mind at the time of the Kelowna Fall Fair, Dr. G. A. Ootmar, District Medical Officer of Health, planned an exhibit of fruit and vegetables which would interest the general public in the vitamin values contained in their own home-grown produce.

A large expanse of floor-space was needed for the exhibit, which was displayed in an emptied well-lighted school-room.

Some 150 different varieties of fresh and canned vegetables, fruits, and foodstuffs were shown, each separately arranged on a labelled picnic cardboard plate, together with the appropriate number of differently coloured 1-inch wooden cubes, to represent the relative distribution of vitamins A, B, and C in that particular vegetable or fruit.



It was most interesting and instructive to walk around the tables and note the different vitamin values of each food material displayed; also the difference in vitamin content of dried and canned fruits and vegetables compared with the fresh article.

Posters were hung on the surrounding blackboards, with blackboard drawings and descriptions of the effect of the lack of vitamins A, B, C, and D on children, guinea-pigs, dogs, and rats.

A special edition in booklet form of the Okanagan Health Journal, prepared for the exhibit by Dr. Ootmar, was given to all attending. On the cover were the words "Many of us depend on newspapers for our education; their advertisements praise loudly the worth of the vitamins contained in the foods they advertise. With the aid of this special edition of the Health Journal you will find the vitamins in the produce of your own garden, orchard, poultry-yard, and dairy, and in the store of your groceryman."

In this booklet interesting facts were given about vitamins, written in simple language, so that even the children could understand the full meaning of the project.

The exhibit was especially much appreciated by the high-school and home-economics pupils, who came in classes with their teacher, Miss Woodworth.

It is interesting to note that the Grade VIII. class in Home Economics made the highest average marks in the Province out of 150 classes which took the recent Provincial examination in food values.

Special thanks were tendered to Dr. Ootmar for the help which had been given through this valuable teaching display.

In appreciative co-operation with Dr. Ootmar's novel idea, the Public Health Nurses in their turn prepared an amusing exhibit for the younger children of vegetable mannequins, entitled "The Vegetable Parade in Health Land." An imposing "House of Health" (19 by 24 by 26 inches) stood in a large garden of vegetables, grass, and nut-trees. With stuccoed walls of rolled oats, basement of dried peas, tiled roof of graham and soda crackers, chimneys of milk-bottles, window-curtains of lettuce-leaves, window-boxes of prunes and red peppers, door-posts and shutters of brown bread, and door-steps of cheese, it looked most attractive. A wide curved driveway of rice, bordered with prune and raisin curbstones, passed in front of the doorway. At the bottom of the garden was a wall of prunes and raisins, with wide drive-gates of macaroni.

Standing at the door was "Kind Nurse Milk," in blue dress and white cap and apron, holding by the hand little "Eva Egg," whom she had brought to see the "Vegetable Health Parade" marching by on the road at the foot of the garden.

Heading the parade was "The Pure Gold Band," of seven carrots dressed in white trousers, blue capes, silver buttons, and small green-pepper hats, led by a large Major Domo carrying the Union Jack and a banner, "The Pure Gold Band. The Pride of Healthville. We put Health in your cheeks and pep in your step!" Mr. and Mrs. Bean from the country in their new "squash" car followed the band, "Queen

Lettuce" sitting in the back seat with a banner, "I serve you well all the year round." "The Squash Car," with its green body, and steering-gear and wheels of beet-root which "really turned round," delighted the boys, small and big, and "Queen Lettuce" looked particularly attractive in the back seat, with her bright black eyes (pins) and frilly green skirts!

Next came "The Strong Family"—"Onions for Health and Strength." "Mr. and Mrs. Strong," with two children, dressed in green shorts and yellow skirts, doing their exercises with dumb-bells of peanuts! These caused much amusement, but perhaps even more amusing were the corn-cob horses with corn-silk tails and green-pepper heads, which made them look like weird prehistoric animals. They were gallantly driven by the "Fat Tomato Lady," in her jaunty hat of green pepper, seated in a chariot of cantaloupe with wheels of beet-root, bearing the slogan, "Beets! we keep the wheels of your system running smoothly." As the *Kelowna Capital News* expressed it, ". . . Two horses of corn-cobs with flowing corn-tassel tails, drawing the 'Fat Lady' of the tomato family, expressed speed; their stream-line bodies and green-pepper heads looked as if they would just 'eat up' any distance. . . . All who saw the display were most fascinated, and, whether young or old, will long remember this unusual and interesting portrayal of health foods."

By special request the exhibit of the Health Nurses was afterwards moved to the Kelowna Public School, where it was much enjoyed by the children for several days until the vegetables faded.

An important feature of Dr. Ootmar's vitamin exhibit is that it can be loaned to any organization which can supply the perishable fruits and vegetables locally. It has already been loaned to different Women's Institutes and to the Home Economics Department in Vernon School for teaching purposes. It has also been set up as a health exhibit at Armstrong Fall Fair, and has proved a most valuable method of impressing vitamin values in foods on the mind of "the man in the street," who is naturally much interested in a project using his own home-grown products to demonstrate the presence of the valuable vitamins which are so essential to the proper development and well-being of the human body.

ANNE F. GRINDON, R.N.

"HEALTH MUST COME FIRST."

As I have been only six weeks in this district, I am not in a position to give a detailed résumé of the work here. Upon my arrival, when I first caught sight of the steep, snow-clad hills of Port Alberni, the thought occurred to me, Would I ever have nerve enough to climb those hills in a car, having been accustomed to driving on fairly flat-surfaced roads. It seemed to me that transportation would be a real difficulty, and I soon found my fears had not been groundless.

More than once when I had started out on these icy roads I felt like turning back, but just kept on going. It snowed almost continuously

for the first two weeks after I arrived here. The poem "Snow, Snow, beautiful Snow" did not appeal to me in the least and I ardently wished it would go, and lived in the thought, "Spring is on the way."

I spent a large part of the first month finding my way around, locating the various schools and villages, and calling on the local people, who did much to make me feel at home and showed a keen interest in the work.

I found the health-education programme well started, particularly in the infant-welfare department. The very great number of young, interested mothers, who were anxious to follow the advice given to them, that their baby might have every chance in life, made me feel that health education is beginning to be practised by the laity, and impressed me very convincingly that more people from year to year are realizing that our aim is education in obtaining and maintaining health.

It has pleased me greatly since coming here to note the emphasis that has been laid on child-welfare, and to find the mothers are now beginning to understand better the importance of proper care in the pre-school years of the child's life. I feel that much more intensive work at this period of the child-life must be accomplished by us. I found a well-established and well-attended baby clinic here.

The dental inspection of the children attending school revealed the usual appalling number of dental defects, which has made it very evident that the solving of the dental problem is a very urgent matter here.

I think a safe means by which to measure our progress in the public-health field is to note the awakening of more individuals in a community of the class who are desirous to help on the work, and this I am sure is the case here. It is evident, and pleasing to note, that the preservation and care of health is becoming more widely practised by the people themselves, of whom a growing number have accepted the slogan, "Prevention is better than cure," and from these results we take fresh courage in our work. Day by day it becomes more evident that the trend of thought is, unmistakably, "health must come first."

HELEN KELLY, R.N.

HEALTH-TEACHING.

Nurses who have taken the Public Health Course have often heard the phrase "Educate people" as a solution to health problems—teach the prevention of tuberculosis; teach children health habits; teach, teach, teach! Some of us feel at times that we are not born teachers, nor have we had the regular teachers' training; hence we grasp at any new method of presenting health lessons.

Here is one on general health which I find has interested the children of Grades III., IV., and V. The idea originated from Dr. Hill's comparison of an individual to a car in the first chapter of "The New Hygiene."

LESSON PLAN.

Title of Lesson.—"The Car and the Body Machine."

Teacher's Aim.—To encourage good health habits through the pupils' knowledge of a car.

Pupils' Aim.—To learn how to drive the machine properly.

<i>Subject.</i>	<i>Method of Presentation.</i>
Introduction to lesson.	Name one thing a car needs to keep it running? Gas—
Link up pupils' previous knowledge of cars.	Yes. Another thing?—Oil. Another?—Water. Anything else?—Air. Yes, we need all these things for the car.
The body machine.	Do you know there is another machine that needs all these things to make it run properly?—Our body machine. We need fuel—food of the proper kind—or we will soon wear out, as the car does if poor gas is used. We have oil in our joints—we need to have air and water circulating to live and wear well.
Food—oil, water, air.	Lights of a car are used for protection—our eyes tell us when danger is about. Learn to steer straight and keep your car out of the ditch (prevent accidents).
Lights.	Can you name any other protectors a car has? Brakes—
Other protectors.	Yes. We sometimes have to use our muscles to stop quickly if in danger—and take a rest if tired. Guards—cover of engine, etc., like our skin. Bumpers and shock absorbers, etc.
Battery—heart.	Battery may be compared to the heart. It runs the starter and sends out electricity to all parts, etc.
Vital essentials.	The parts of a car wear out—the car lasts longer if care is taken of it. Our body machine also wears out quickly if we do not give it the proper care.
Wears out.	Car must be kept clean inside and out. If not kept clean it will not wear well, etc.
Keep clean.	Both have to be mended if accidents happen. The difference between us and a car, we cannot buy new parts and be as good as ever. So we must care for the parts we have. We can get new teeth, but they are never the same as our own, and we cannot see with a glass eye.
Repairs—garage (hospital); mechanics (doctors).	Can any one think of another way we are like a car? Answer: We get stiff and it is hard to run when we get old.
Other ways we are like a car.	Good drivers know their machine, know warning-signs that the machine is not running properly, and will stop the car and let it rest. Will find out if oil, etc., is needed.
Good drivers.	So we have warnings (as headaches) that our body machine is not running properly. We must always stop to see what is going wrong. It is always best to care for the machine daily, so no warning will come. Good drivers know all about the machine, so we must learn all we can about our body machine, so we can steer it properly, keeping out of the ditch (hospital). Learn to be careful drivers and you will get the longest and best life from the machine. Do not be satisfied with just keeping out of the ditch, but choose the best and
Heeds warnings.	

most comfortable road for the machine. Avoid the rough roads of sickness and ill-health by forming good habits that will help you to maintain health.

A man too busy to care for his health is like a mechanic too busy to care for his tools.—*Cicero*.

M. A. TWIDDY, R.N.,
Penticton.

GETTING THE PRE-SCHOOL CHILD READY.

“DEAR MRS. :

“All children who are commencing school this February are invited with their mothers to a pre-school clinic, to be held at the Legion Hall, Friday, January 22nd, 1932.”

Each child throughout the elementary school who had a small brother or sister or friend, ready to commence school, at the beginning of the new term, eagerly conveyed the messages to the mothers of prospective pupils. Twenty-eight such invitations were delivered; a notice to the same effect was inserted in the local papers, and a similar announcement made to the high-school students. The response was gratifying, for on the appointed day eighteen pre-school students, accompanied by “mother or big sister,” arrived at the clinic. These eighteen children represented 50 per cent. of the total number of beginners who registered at the schools on February 1st. On entering the clinic, each child was given an admission form on which was written his or her name and age. Each in turn was brought to the first nurse, where height, weight, and normal weight were determined, and entered on the admission card. There, also, foot impressions were taken, not by means of a pedograph, but by painting the soles of the feet with a solution of ferric chloride. The impressions were recorded fairly successfully on drawing-paper.

From the first station the child with its mother passed on to the second nurse, who made an examination of the teeth, tonsils, and general posture, discussing these and the health habits of the children with the mother, and advising medical or dental attention where necessary. Health literature was also distributed to the mothers.

A committee from the Public Health Nursing Council served refreshments to the mothers and children. From 3.30 to 4 p.m. Dr. Drysdale, the Nanaimo Medical Health Officer, spoke to the mothers on “Health problems of the child from 2 to 6 years.” This address seemed to be greatly appreciated by the mothers.

Although this clinic or pre-school round-up was held so short a time before school commenced, the results were evidenced in many ways, especially in regard to dental care. In my opinion it has created a clearer understanding between the mothers and the School Nurse, which in turn will establish a greater spirit of co-operation between the home and the school.

In the five Nanaimo schools there are 1,263 school-children; of these, about 250 attend the high schools (junior and senior). The regular health programme is carried on. Each month the classes are inspected for cleanliness and possible skin-diseases (of which there are many), and each month the underweights are weighed. Once a year, eyes, ears, teeth, and posture are carefully examined and defects recorded. Unfortunately, the children receive only one examination by the school doctor, and that is during the first two months of schooling. During subsequent years the physical examination of pupils is done by the nurse.

The condition of the teeth of the school-children is still distressing, although an improvement was noted after Dr. Harry Thompson's visit and lectures last spring. However, a large percentage of the school-children, especially in the elementary schools, are badly in need of dental care.

Little Mothers' League classes have been given to about sixty girls in the high school, these girls being taught the fundamentals of child-care.

At present Nanaimo is in the midst of an epidemic of measles. On January 5th the first case was reported, and since then the cases have increased in waves. A closer supervision of the schools would greatly aid in the control of the epidemic, but supervision is difficult without a car. However, the school-teachers are giving splendid co-operation and we hope that the epidemic will soon spend itself.

EILEEN M. CARRUTHERS, R.N.,
Nanaimo.

HEALTH AND HAPPINESS FOR THE RURAL FAMILIES.

My first impressions of the Okanagan were of a veritable fairy-land—snow-laden pine-trees; soft feathery flakes of snow were floating earthward. A paradise to work in, I thought.

At frequent intervals class inspections bring the best part of the Oliver Project scurrying down the aisles, with clean hands and shining faces. There are a goodly number of children with dental fillings, that were put there, probably, after much painstaking effort on the part of the Public Health Nurse. At the close of the period we talk about many interesting subjects—lunch-pails, what ought to be in them and where they ought to be kept during school-hours; of the ship of health manned with a crew of healthy boys and girls. Out of forty Grades I. and II. children eight have less than normal vision; the upper grades are giving higher percentages. When! Oh, when! Defects, will you be corrected?

The competition for the Fraser health cup is an annual event in the Oliver and District schools. This year, to provide a pleasant change, the teachers are being encouraged to work on a definite health project, each child making a contribution to the whole. We are hoping to have a very interesting exhibit when the contest closes. The teachers also have devised various novel methods of keeping health-chore records.

Baby and pre-school clinics are the joys of the Oliver and Osoyoos Districts. One of the most spacious homes is used, providing an eco-

nomical and convenient meeting-place. The clinics are well attended, and their success is chiefly due to the enthusiasm of members of the community in charge.

You arrive into the living-room of the ranch, with its cheery fireplace, around which, at this time of the year, are grouped the pre-school children, enjoying an unusual luxury, and watching fairy palaces in the glowing logs. Here the babies are undressed and weighed and every one becomes acquainted. The kitchen makes a very comfortable examining-room, where the doctor and nurse are alone with the mother and her baby.

The Okanagan Falls District was unfortunate in having an epidemic of scarlet fever during the fall months, and they are looking forward to their annual open clinic with greater zeal than ever before. It is a sad story, but already several marked defects following complications are noticeable, one child being still out of school. We are expecting a heavier toll in the final examination.

Vaccination and immunization are topics frequently under discussion throughout the districts at the present time. We are awaiting the result, perhaps, of many conferences, but the organization and ammunition are ready.

The work on the Inkaneep Reserve is a pleasant change when the paleface tends to become monotonous. To accomplish most among the Indians, as among other peoples, whose habits are so different from ours, it would seem essential to study their background, historical data, folklore, and to gain a speaking knowledge of the tribal language, in order to gain the confidence of the older people. This knowledge is difficult to acquire, but the work of past nurses has made an entrance into the homes a simple matter, and from that vantage-point I am trying to stumble on.

Dr. C. E. A. Winslow, in his new book, "Health on the Farm and in the Village," a review and evaluation of the Cattaraugus County Health Demonstration, says: "Surely, the farm dweller has his right to the guarantee of 'life, liberty, and the pursuit of happiness'; and of this guarantee, health forms an essential and necessary part!" Surely, it is a privilege to be a part of the great machinery striving to gain for the rural dweller this most necessary part of the guarantee.

ISABELLA CRAIG, R.N.,
Oliver.

THOUGHTS ON TAKING OVER A DISTRICT.

Having taken charge of this district less than two weeks ago, I am not in a position to write, from experience, of the work and progress made during the past year. I have, however, looked over the records and notice that a pre-school clinic has been added to the list of child-welfare work. I feel that this branch of service should be well encouraged, for the physical well-being of the child from babyhood to school age is all-important, and hitherto these little people have been "left out in the cold," so to speak, except for the occasional link-up with home-visiting.

The general health and care of the children here has received good report on the whole, but during the past two months measles has found its way in, and consequently school attendance, clinics, and Little Mothers' League classes have been interrupted. We hope, however, to be in a position to resume a normal routine in March and to advance in our work in its many branches.

One still finds a mother keeping all the children home from school because "Johnny" has the measles or chicken-pox. It is interesting to be able to explain to the parent that this is no longer necessary and to outline the present methods adopted for the control of infectious diseases.

A tuberculosis clinic is held twice a year, when Dr. A. S. Lamb, diagnostician of that disease, visits and examines contacts and suspects referred to him by the health authorities here. About ten patients were present at the last clinic.

Of the outlying districts, eight in number, I have yet only visited five, and only by way of an introduction through the courtesy of the Medical Health Officer.

It is hard to realize that I have been here so short a time, as the co-operation I have received from the members of the Board and the teaching staff make me feel that I have known them for a considerable period. I can also speak in like manner of my home visits; this surely proves that a good foundation has been laid here in previous years by others holding my position.

EMILY G. ALLEN, R.N.,
Ladysmith.

"FINDING YOUR FOOTING."

In reading the life of Sir William Osler not long ago, I found that as a boy he had received the same advice that was given to us in lectures last year—written in Carlyle's words: "Our main business in life is not to see what lies dimly before us, but to do what lies clearly at hand." In the past eight months at Saanich I have so often thought of this counsel, as, coming fresh from five years of the theoretical side of public health, one early learns that by being steady and persistent far more is accomplished than by being over-enthusiastic.

Situated as Saanich is, a large country district containing up to the past month no hospital, resident doctors, or bedside-nursing order, a generalized programme has been necessarily carried on. Previously the four nurses have been each taking a special branch of this, as child-welfare, bedside-nursing, and school-nursing. But this year we have divided Saanich into districts, each nurse being responsible for carrying out a full public-health programme therein. We each have definite days for working in the schools, the remainder of the week being devoted to welfare and bedside-nursing. In the mornings, while planning the visits for the day, we discuss each case, and in that way keep in touch with one another's families. Then, too, we compare the constructive work and its success in the various districts.

So far this new division has proved satisfactory, especially as Miss Hillas and I are both new to the practice of public health. It has given us a much clearer picture of the programme in its entirety, and has enabled us to become acquainted with the family as a unit. Now that we are familiar with our district, we are finding that so much more can be accomplished when the family knows you. Again, with the social-service work unavoidably increasing, we have found it of inestimable value when making an investigation to be familiar with the agencies.

I would like to say how much more the two words "public health" mean to me, and increasingly so with each month of practice. Also of what value it has been to be with two such experienced Public Health Nurses, as there are so many new situations and view-points to be met.

MARGARET SUTHERLAND, R.N.,
Saanich Health Centre.

ADVANCEMENT ALONG PREVENTIVE LINES.

The impulse to omit sending in an article for the BULLETIN held almost too long—or not long enough. Having been in each of the two districts but about four weeks, and having found a live epidemic of measles in each one, kept one busy and made one feel that trying to stem the tide of the disease was all that had been even attempted.

But I can write of the splendid work accomplished by my predecessor, the organizer of the health-teaching here; the size of the fields and the usual obstacles which must have been but an incentive to good work for her. There is an unusual health consciousness in many of the different staffs of schools and societies, and a willingness to help also.

In spite of the ever-present depression there are advances in the preventive care for the districts. Anti-goitre tablets for Mission District will be given to the pupils of the public schools in prophylactic doses, beginning the first of March, the organizing for which service had been done before Christmas. Vaccination clinics are now being held in all the schools in Mission District, the work being done free to the people; the Medical Health Officers merely receiving their retaining fees. Some 300 pupils have never been vaccinated in the schools of 720 attendance, but we hope that the number will shrink to a small figure, as a great many have stated their wish to be done—teachers and others as well as pupils. The cases in Vancouver have influenced those who have objected heretofore.

Dr. Lamb held a very satisfactory chest clinic on January 22nd and 23rd; thirty-five being examined, all but three of whom were found to be free of tubercular disease. The attendance of patients asking to be examined is an encouraging part in the fight against the dread disease.

Giving first aid and home-nursing to a large C.G.I.T. group in the Maple Ridge District is an interesting and instructive proceeding. Some of the mothers are attending and entering into the classes at times. I find the students very keen indeed.

But, Oh! for the time and staff for the prenatal infant, welfare and pre-school work, a much-needed part of any programme, but which here at present can merely be touched on at intervals, as one is only in each district alternate months and the schools and home-school visits take up the time. Of course much of the subsequent school-nursing could be eliminated if the two earlier stages could be thoroughly attended to, as has frequently been demonstrated. It is difficult just now to make all realize that individual advice is so necessary with infants, no two being the same in habits and reactions, and that the pre-school defects are so frequent and so seldom corrected in that stage. The letters from the Department are very helpful indeed, but many parents need them supplemented by personal advice for individual problems.

There is a splendid opportunity in this large field for good work, as the School Boards, school staffs, women's societies, and others are so willingly co-operative. The harvest should be large.

MARY E. GRIERSON, R.N.,
Mission.

NEW DEVELOPMENTS IN HEALTH-TEACHING AND CLINICS IN NANAIMO.

During the past year more time has been spent on that ever-interesting and satisfying phase of public-health work, clinics and teaching.

Probably one of the most advantageous undertakings of the year was a well-baby clinic held in the local hospital under the auspices of the Women's Auxiliary, who were celebrating the jubilee anniversary of the Nanaimo General Hospital. Seventy babies were registered and forty-six were weighed during the afternoon. Health posters of all kinds were exhibited. This also gave an opportunity for an exhibit which dealt with the child's diet up to 1 year of age. Samples of prenatal diet and the baby's diet from birth to a year were shown. For the 1-year-old a day's menu was given, showing three sample meals.

On another table were the necessary articles for habit-training, with a suggested routine schedule for a child's day. A complete layette was also displayed and valuable literature distributed.

Another ambition was partly realized. Last April we started a pre-school clinic, held weekly with the well-baby clinic. This proved popular, and especially to the 4-year-old, who loves to play with the toys and take home a book (health literature), or a contest to do, like his big brother brings home from school. In January a special clinic was held for those 6-year-olds starting school. At this the Medical Health Officer gave a very instructive talk on the "Health problems of the child from 2 to 6 years." At one of the clinics last year Dr. Thompson gave an extremely valuable lecture on "The Care of the Teeth."

In this district we have a fairly large Chinatown; so last April a well-baby and pre-school clinic was established. This is held every month in the Chinese Mission, and we have been very fortunate in having

Dr. Gung, of Victoria, with us; twice he examined the children and gave an address to the mothers in their own language, as they can speak little or no English. This is a great handicap, but we have partly surmounted it, having received from China many Chinese posters and pamphlets on health, which are read and explained by Mr. Chan, the local Chinese missionary. A sample layette has also been obtained and is used for demonstration.

Home-nursing classes have been well attended during the winter months, with an increase over the previous year.

The Girl Guides were given a series of lectures on the pre-school child, enabling them to obtain their proficiency badge for "The Child Nurse." They also wrote an examination for their "health badge."

Another group receiving health instruction are two C.G.I.T. groups of about a dozen girls each. These talks on health are given under the title of "Beauty Culture," which proved very enticing. Included in the lectures are several demonstrations of the more simple nursing procedures.

The plan for giving hot drinks to the children at the Indian school who bring their lunch is now realized. A dozen children or so each day have a hot cup of cocoa to warm them and to make their cold lunch more appetizing. Some of these children come 5 miles into school, so this hot drink is a great boon.

MURIEL UPSHALL, R.N.

KEEPING A NEW YEAR'S RESOLUTION.

My third year in the Similkameen has just begun. The past two years have been eventful and on the whole very pleasant. I hope this year will prove equally so.

The first year I had to reorganize considerably, as the Indian work was new. The time was ripe for putting on a campaign for immunization against diphtheria, so "toxoid" was administered to the school and pre-school population and later a vaccination clinic was held and the regular bi-monthly baby clinic was put into effect. These things had been planned before, but never put into action.

I have now got the work down to a regular system. Each day has its duties, leaving a margin to take care of emergencies. I have had time to observe and to know my district better. Whether it improves on acquaintance is better left unsaid. But love for humanity as a whole and toleration for all must ever be a requisite of a Public Health Nurse.

Beginning with the school-work, I visit Keremeos School twice a week and Cawston once, and get names of absentees on each visit. I inspect each room once a week for cleanliness, skin-disease, and signs of illness. On the whole the children are very particular about personal hygiene. Skin-disease is practically unknown. I found two cases of scabies last year; none this year. Every child owns a toothbrush and uses it too. The attendance is very good. December and January are

our bad months for illness, mostly colds. Last year (1930) we had to contend with a bronchial cough. This year (1931) there was a nasty sore-throat complication (septic throat).

We made a New Year's resolution for 1932 that we would do all in our power to have no colds during the year. All our "health talks" lead up to this aim. Children with a coryza, cough, or sore throat must be excluded until symptoms have subsided. We call this our "one-year plan." It seems to have created new interest and I try to get up a discussion when possible. If we can get the present school population to think rightly and rationally about health, they may not fall victims to all the propaganda and fads for corrections of defects and how to live right, published in the daily papers and broadcasted all over the land.

I am also going to read and discuss the Provincial Health Report in the school. It is splendid reading, so absolutely sane and expressing so much forethought and action.

Regarding the correction of defects, such as enlarged tonsils, in most cases it is lack of funds which hinders the correction being made. If we had a resident physician, arrangements could be made, I believe, but we are a bit handicapped there. I am hoping to be able to make arrangements for a tonsil clinic in June, if possible. For this, I must have the co-operation of the doctors in Princeton or Penticton.

Most of the eye defects have been seen to. We are fortunate in having a good eye and ear specialist in Penticton. Several children have had teeth attended to. The children in the primary-room and many of the pre-school have extremely poor teeth, but their permanent teeth seem quite good. I consider that lack of prenatal care accounts for most of these poor deciduous teeth.

I carry on the well-baby clinic every two weeks. The babies and pre-schools are weighed and measured. We discuss food formulas and the general hygiene of the children, habits included. During the winter, attendance is not so good on account of weather and roads. One mother walked 4 miles to attend the clinic on December 11th. I took her back in the car.

I hope to have a doctor in attendance at one of our clinics in the spring, mostly for the sake of the pre-school children who begin school in September, and if possible have defects corrected at once.

My prenatal cases reported quite early this year. We have had several new babies. I had, all told, five confinements at home. Two of these were Indians. All other obstetrical cases went to hospital. In case of confinement, where a physician is not in attendance, I insist that the mother go to the doctor for her sixth week examination—all except the Indians of course.

The prenatal letters are received by all prospective mothers. I also send in the names for postnatal advisory letters. These are read and appreciated. One mother (a primipara) has been receiving a lot of advice from friends and neighbours about the care of the baby. She says: "I pay no attention. I do as the letters from the Department tell me to do." She has a lovely baby too.

We have not had much illness. There were two cases of whooping-cough, one scarlet fever, and one German measles. Regarding the reporting and isolating of infectious diseases, the people are excellently trained. We had one case of threatened mastoid, one hæmorrhage in the newborn, and one strangulated hernia. Also a serious case of a foreign body in the eye, two cases of cerebral hæmorrhage, and convulsions of doubtful origin. All the rest have been minor illnesses, symptoms subsiding in a few days.

I have splendid help from the doctors in Princeton and Penticton. The *aloneness* of being alone is sometimes a little overpowering. The roads this winter have been so slippery I have had to cut down some of my trips to the Chopaka Indians. It is 84 miles return to Chopaka, and storms in the mountains come up so quickly. I ford the river whenever possible, cutting off about 40 miles. The Similkameen River is rather treacherous and it is easy to get stuck in it. This has happened to me twice. The second time I had a passenger and we waded into the river and pushed the car to land. We arrived home soaking wet, but thankful to get out so quickly.

I enjoy the work among the Indians and can see a little progress. The tuberculosis problem is some task there. Active cases are cropping up here and there all the time. I do my best to carry out the "cure" in the home. The Indians know that the disease is contracted by contact, and I must say the Indian people keep away from the infected home remarkably well. They will not let the children in at all. I am getting permission from the Indian Agent to have all contacts and suspects examined by Dr. Lamb. I have obtained co-operation from the priest in enforcing the cure, such as better food and rest. There is much improvement in the housing. There are very few houses left now with only one small window which does not open. Every child is taking C.L.O. during the winter months. Some of the underweights have come up wonderfully. So there may be hope for them yet, but it is sort of doubtful, and we can only hope that "Somehow good may be the final goal of ill."

B. THOMSON, R.N.

THE POSSIBILITIES IN A WELL-COÖRDINATED PLAN OF DEVELOPMENT.

Variety is the spice of life, and what life could afford more variety than the life of a rural Public Health Nurse. We encounter something new each day. Our range of activity, already very large, increases constantly—so much so, our enthusiasm is never allowed to wane or grow old.

Much has happened in the six months that we have been here. In September three days were spent at the local fair, when we held a baby-show and better-baby competition, Dr. J. R. Davies taking the difficult part of a very popular judge. Two silver cups were awarded—one to a

baby of 6 months, the other to a child of 3 years. Besides, there were twelve medals given to school-children 98 per cent. physically fit. The interest shown at the fair was full reward for any hard work it may have occasioned. It afforded us a splendid opportunity to meet not only our local mothers and children, but also a large number of citizens who are keenly interested in our work. Unfortunately we haven't any well-baby or pre-school clinics operating here, but we do have weighing-stations in charge of the Provincial Health Nurse, where the children are weighed and advice is given to the mothers. We find that these mothers are very loyal supporters. They place a great deal of confidence in the nurse and her work, and eagerly follow out her instructions. A remark recently made by one of our mothers will serve to illustrate this confidence. A six-month baby, whom we had not got in touch with, recently died in a convulsion. The remark I heard was: "If only that baby had been a regular attendant at the weighing-station, that tragedy may never have occurred."

School-work includes monthly inspection of all grades, weighing of underweights. It will be interesting to note that the percentage of underweights from September to December decreased from 58.2 per cent. to 27.4 per cent. Health talks and health stories are given monthly in collaboration with the class-room lessons. Last but not least, there are the home-school visits which afford an intimate contact between the school and the home, and it is here that we endeavour to instill into their minds the gospel of prevention.

Much credit goes to the Kinsmen Club for the activity they have shown toward child-welfare work. During Christmas they conducted the T.B. seal campaign, and as a result have a fairly large sum of money collected to be used locally for preventive work. During the past month they donated to the Chilliwack Central School a silver shield to be competed for by all the grades. The rules of the competition include the simple rules of health, and one expects to see a great deal of enthusiasm stirred up when each individual student works for the shield.

Here I must pay tribute to the school-teachers and School Boards, who have co-operated so heartily in the health-work among the children. In Chilliwack we are proud of our schools, our teachers, our children, and our former nurse, Miss Peters.

At the hospital we conduct an eye, ear, nose, and throat clinic. A specialist from New Westminster visits us once a month. The nurses arrange the time schedule for the patients and assist the doctor. The clinic was an experiment started by Miss Green and much good work has been done, as it brings to the children here the services of a specialist. Since September, 1931, forty-three cases have been examined.

The saddest and most discouraging part of our work here has been the measles epidemic. It reduced our school attendance from the high percentage of 97 per cent. to less than 50 per cent. There was lack of understanding among the four doctors here, which led to lack of co-operation towards preventive work. There was no uniformity of action, and the whole problem became so involved that it was necessary to call for

Dr. Young's assistance. However, the damage had been done, but it may not all have been in vain. In all probability it may result in the establishment of a full-time health unit in the near future. Chilliwack is fortunate in having many active women's organizations and we are relying upon these organizations to work out the financial solution of a full-time Health Officer.

Education of the public would appear to be the keynote to the future success of preventive work. By giving talks to the various organizations *en masse*, besides the individual contact with parents when doing home visits, one can accomplish a good deal, but adults are slow to learn and it requires persistent repetition to make new ideas take the place of old ones. We are greatly indebted to Dr. Amyot, who, during the winter, has given us three very enlightening and valuable lectures.

Last but not least, we must express our sorrow on hearing that the Refresher Course will not be held this year. We had counted so much on this valuable opportunity of having our many little problems solved. May finances soon return to normal conditions!

GERALDINE E. HOMFRAY, R.N.,
Chilliwack.

HOW IMPETIGO CAN TRAVEL!

In some of our rural schools this year, following the summer holidays, impetigo was quite prevalent. Within the first month, by excluding each case until a complete cure was effected, the condition was wiped out.

However, in one school this was not accomplished without some difficulty. At the beginning of the term there were several mild cases, but, by the third week, of the fifty-two pupils only four were excluded through impetigo. The same week saw the readmittance of two of these.

Nevertheless, when I visited the school in the fourth week, the number of absentees was astounding. Another thing which surprised me was a letter which had been sent to the principal. A mother stated that she was keeping her two children at home until the school was certified free from infection.

I hastened to make out my list and start out on my rounds. The first home I visited was the one from which the letter had been sent. I might mention here, this family had recently come to the district and were unaware of the nursing service. The mother appeared to be a very practical, sensible individual when she explained to me why the children had been kept from school. The preceding week the two youngsters, aged 6 and 8, had come from school with the tale that there were many children in the school suffering from "infectious sores." Such circumstances were to the mother naturally rather alarming.

Investigation showed that several days previously the principal had assembled the school and had imparted advice regarding impetigo infection. The import of her talk seems to have been that the school was infested with what she termed "infectious sores," and to protect them-

selves the pupils were to shun any one with sores of any sort, and to wash frequently and well with Lifebuoy soap.

This information was, I am sure, given with the best intentions, but the results were very far-reaching and, from our point of view, most unsatisfactory. To begin with, the statements were anything but accurate. Impetigo was not rampant in the school—there being but two cases, both of which were at home. The efficacy of Lifebuoy soap may be left to the imagination.

Further, the mind of a 6-year-old certainly could not grasp the significance of such information; nor even that of a child in the second, third, or fourth grades. Therefore one can easily imagine the variety of stories that were taken home. Such a term as “infectious sores” is in itself upsetting, particularly to the layman.

When homes are as far apart as those in this district, it is rather difficult to visit each mother individually and allay her fears by a statement of fact. This was my problem. I can assure you it was a long time before every one in the district, which, incidentally, is a large one, was assured that the school was free from infection.

Thus the unfortunate zeal of a teacher, supplemented by the misrepresentation of children, brought about a chain of untoward circumstances. Just another example of that old adage, “A little knowledge is a dangerous thing!”

HEATHER KILPATRICK, R.N.,
Duncan.

MEASLES.

Measles is one of the most universally prevalent of the acute communicable diseases, occurring in cycles of two to three years, during the winter months. It usually spreads in schools, from where it is carried to pre-school children and infants. Immunity is obtained by one attack of the disease; all other persons can be considered susceptible.

Measles is spread directly from the patient to susceptible contacts, and very seldom by fomites or a healthy person. Discharges from nose and throat apparently harbour the causative agent.

The incubation period is from eight to fourteen days, after which the cold or onset stage of the disease is observed, followed in three to five days with the rash. The infectious stage is from the earliest sign of onset till about seven to eight days after the appearance of rash. When preventive measures can be adopted during the cold or pre-rash period of the disease, control of the epidemic is reasonably sure of attainment.

From 80 to 95 per cent. of deaths due to measles and complications occur in the age-group under 5 years. It can be readily seen that this group of children should be protected against the disease.

Health-workers should impress mothers with the fact that it is unwise to allow young children to have measles (to get it over with), as it may have a serious outcome.

Control Measures.—As we have seen from the above, an epidemic of measles spreads most rapidly in schools. In January, at one of the North Vancouver City schools, a child attended class for half a day during the cold or pre-rash period of measles. To this girl nineteen subsequent cases of measles were traced, which started an epidemic in the school. The nineteen infected children carried it into their homes and naturally pre-school cases resulted.

Where definite contact was known, all susceptible children were allowed to remain in school for seven days following their first possible infection, and then excluded from class and isolated until fourteen days from their last exposure to measles. In this way fifty-one children developed the disease while isolated at home, thus preventing the further spread in the schools and elsewhere.

Periodic visits were made to all homes having contacts or measles cases. Instructions *re* spread, details of isolation, nursing care, etc., were given to each parent; the danger in allowing young children to develop the disease was emphasized, and harm from complications was pointed out, also the parents advised to call the family physician. In many homes the results were very gratifying, while in others, where instructions were not heeded, the outcome was as bad as was expected.

A great deal of time and energy was expended by the staff of the Health Unit on this work with the idea of training parents and others in modern preventive measures. It is hoped that this work will bear fruit in future epidemics of perhaps a more serious nature.

The school-teachers, principals, School Boards, physicians, and many of the parents, by co-operating with the Health Unit, assisted to a great extent. Due to this help 99 per cent. of all cases of measles were reported.

ELIZABETH LOWTHER, R.N.,
North Vancouver.

HURRAH FOR A BOWL OF SOUP!

The big achievement, if one may be permitted to call it such, in Kelowna this past school term has been the establishment of a soup-kitchen. This project has been on its way for two years now, but this year saw its actual arrival.

The undertaking was financed by the teachers, but some outside financial contributions were received. The pupils brought their donations of garden produce, and potatoes, onions, peas, rice, etc., descended upon the school in almost overwhelming quantities. The kitchen was set up in an unused room in the girls' basement of the Elementary School. A woman was hired to prepare the hot drink, cocoa, vegetable, or milk soup, as the case might be.

Opening day was held early in November and we are planning to keep operating until the end of March. The number of children varies from 80 to 100, and of these 70-odd are "free" cases. Those who can, pay 3 cents a day.

The personal thanks of some of the parents and the grateful looks on the youngsters' faces has more than compensated us for our efforts.

The relief-work has increased tremendously within the past few months. The town has its own Central Relief Department and the schools are kept in constant touch with them. Through them clothing, food, medicines, toothbrushes, exercise-books, and pencils have been given out to the worthy cases in the schools.

The past week has been a very busy one, with vaccination clinics much to the fore. The response of the public to these clinics has been most gratifying. Approximately 525 school-children, 35 adults, including teachers, and 44 pre-school children and infants have been "done" up to date. Public-health teachings are showing their mark slowly but surely.

EDITH W. TISDALL, R.N.,
Kelowna.

PUBLIC HEALTH IN KAMLOOPS, B.C.

Another year has flown past very quickly, in spite of many adverse circumstances. Most of us have learned many necessary lessons of tolerance and understanding in dealing with the ever-present question, relief of our needy.

Kamloops has suffered, as all cities have. It is through the sympathetic support of the Red Cross Society, City Council, and Provincial Department that I have been able to obtain adequate relief for many families. The Red Cross Society is doing a wonderful work, especially in giving relief. The following particulars help one to realize just what was done last year: There were 3,752 garments given to 225 families, and 1,798 quarts of milk, also 36 bottles of cod-liver oil. This gives some idea of the activities of this splendid society. The lady in charge of this relief-work is Mrs. R. L. Johnstone. No words could possibly convey what we, of the Red Cross, and all who come in contact with her sympathetic personality, wish to express. She gives daily of her time, intelligence, and sympathy to all who desire her help. She is much loved by all. We are also most fortunate in having Mrs. J. E. Fitzwater as our president, who is always ready with her wise judgment and understanding. It is indeed a privilege and great pleasure to work with these two remarkable ladies. In addition to their many activities, they are my right-hand helpers at our Red Cross well-baby clinic. These we hold fortnightly. Last year we held thirty clinics and we were much encouraged. The mothers showed a great deal more interest. They come more regularly and are more willing to accept the advice that I give them. Following is an account of the work accomplished during 1931:—

Number attending clinic: Babies, 202; adults, 220; pre-school, 53; total, 475. The previous year the total attendance was 234. So you see we had an increase of 241.

There were: New babies, 46. Breast-fed, 32; artificially fed, 12; supplemented, 2. Number of babies registered, 72.

Visits to homes: Babies, 78; pre-school, 73; total, 151. Advice to expectant mothers, 20; advice given per telephone, 118; advice given per letter, 12.

It may interest my readers to know that all advice given at these clinics follows the teachings of Sir Truby King. It should not be necessary to explain who he is. All who are interested in the modern welfare of mothers and babies know of this eminent man from New Zealand, whose intelligence and research-work for the past twenty-five years have made him beloved throughout the world. I am delighted to see that, at last, Canada has a mother-craft training-school, where nurses can be trained along his lines of simplicity. This was started last year in Toronto. Miss Satchell, who is in charge, I hear, is doing wonderful work. Sir Truby King has been invited by the Canadian Government to visit Ottawa this year. I only trust his health will enable him to do so.

The Lloyd George School still continues its good work in connection with the Junior Red Cross. They held their annual Primrose Tag Day last April and collected \$130.50, which is to be used for our Dental and Medical Fund. Since starting this fund in 1930 they have assisted thirty-four children in having defects corrected, mostly dental work. They sent \$3 to the Hamper Fund at Christmas-time. We now have 174 members.

As usual, I assisted with the Christmas Hamper Fund. This year, owing to the condition of the times, our work was greatly increased. I made many investigations for our committee. Our list of needy seemed never-ending. We sent out 147 hampers in all. They were wonderful ones, too. In addition to food, they included warm underclothes, stockings, and many goodies. It was splendid to see the many public-spirited women who gave of their time so cheerfully to help cheer their fellow-citizens at this time. Our Chief of Police, Mr. Anderson, who was the chairman of the committee, was ever on hand with a cheery word for all.

Our school-work goes on as of yore. It is hard to find anything new to say about that part of my work. To me, the most interesting feature was organizing my Little Mothers' League classes in the three Grade VIII's of our Junior High School. It was a great pleasure to teach these young girls the most essential of all studies, in my opinion—the responsibilities of motherhood. The results were very good. Seventy-five per cent. of these girls passed with 60 per cent. I gave these lessons along the lines of the simple teachings of Sir Truby King. Many mothers told me of their appreciation of these classes. The same lessons I gave to the Girl Rangers. I completed these classes by giving my pupils a lantern-slide lecture, depicting interesting features of my work in Canada and New Zealand. By these simple means one is able to present to one's pupils a brief idea of the greatness of the teachings of Sir Truby King. Certainly, we Public Health Nurses are most privileged to have this contact with the children of to-day, in all stages, from the prenatal care of the mothers, following the interesting development of the baby to pre-school age. Why, in no time, we find our clinic babies in our first grades at school. Then on to Junior High School. What more interest-

ing profession could any woman desire? As I say, so many times, it is not only weighing and measuring and peeking into Johnnie's and Mary's mouths and ears, and teaching them the essentials of health, but, may I humbly say, helping to mould their characters and helping them to realize what the "Spirit of Canada" really stands for. I would like every Canadian child to have heard the stirring address which Hon. R. L. Maitland, of Vancouver, gave to our Canadian Club. Our youth is so precious. May we more and more find men and women to lead them mentally, physically, and spiritually to the best of all things that mean so much to the future of Canada.

OLIVE M. GARROOD, R.N.

PUBLIC HEALTH SERVICE SOUTH OF THE PEACE RIVER, B.C.

"On to the Peace!" is the slogan that has been drawing many new residents to this part of the country. The writer journeyed five months ago into the Peace River District, being sponsored jointly by the Red Cross and the Provincial Board of Health. The Peace Block is a vast rolling country, with huge cut-banks gouged into it. The banks are covered with golden birch. Patches of stubble surround the clearing of the homesteader. There he lives in a little log cabin, often with only a dirt floor. His nearest neighbour is a mile away at least—usually farther.

I have charge of twelve schools and their districts, scattered over mountains and along the banks of streams, in an area of 120 square miles. Transportation is difficult, as the weather is likely to change unexpectedly from 60 below to above zero. The roads may be lost beneath heavy snow and ice, or submerged beneath floods of water. The thick gumbo is almost impossible for a car, and is bad even on a horse.

Last week I had to take a maternity case into Pouce Coupe, to the Red Cross Hospital. It is only 40 miles and the roads had been cleared of snow for the mailman, who comes through once a week. I keep my car 3 miles from where I live because of the bad drifts. It was necessary to harness my team and in the open cutter drive to the place where my car is kept. Picking up my patient, we drove into Pouce Coupe in the car. It had started to snow before we turned homeward, but by pushing ahead we managed to get back within 8 miles of my home, when the car stuck in the snow in a field. I had to walk 2 miles back in a real blizzard to the home of one of my committee-men, who drove me to my own team. The drifts were so bad by this time that we could not keep to the road. We upset three times into the snow in weather 60° below zero! We were lost in a woods with which I am perfectly familiar and could not find the gateway to our own place. It was 3 a.m. before we reached home. Just a day's work in the Peace!

The work as a whole has taken a great hold on the community. I have twelve committees, one in each district. Each has a representative

on the Central Committee, which meets once a month. They work hard and are taking a keen interest in public-health matters. They all want to help toward the development of health services in other parts of the country in time to come.

This is a country of no water, unless you are lucky enough to live near a creek or river. This presents a real problem to the school trustees, as well as to the parents, to see that there is a sufficient water-supply to meet the needs for both drinking and washing. Since most of the water comes from the melted snow and ice, we have started giving iodine to many of the school-children to prevent goitre. This is done under the direction of our school doctor.

The most interesting event was the "family" clinic which I ran in five districts. Each family was taken as a unit and all the children—infant, pre-school, and school—were examined by Dr. Becworth. Many of the mothers travelled long distances to reach the clinics, where they were greeted by members of the committee who assisted with the weighing



"ON TO THE PEACE."

and the taking of records. The mothers took a great interest in the whole programme. For many of them it was their first trip in years farther than a few miles from their homes. We are planning to complete all twelve districts in this way and should have some interesting statistics when we are through.

I hope that the day will soon come when we have more Public Health Nurses up here. There is much to do. People are gradually filling in all the farm lands. This part of the country has wonderful prospects and a fascination all its own. But, like all the Northland, it is a stern master and demands stamina and courage in all those who choose to settle here. In a land where all the news and messages travel by "moccasin telegraph" and neighbours are scattered, a real community spirit of helpfulness and patience must develop.

NANCY E. DUNN, R.N.

THE CHEST CLINIC IN A RURAL COMMUNITY.

District-nursing has its exciting moments; for instance, through the mail may arrive any day, a miserable-looking post-card advising you that a visit from the chest specialist is to be precipitated soon. You may get a week's notice; you may only get a few days' warning; but, nevertheless, the search for T.B. patients and contacts is forthwith on. The announcement to this effect is duly placed in the local paper and telephones begin to ring incessantly for appointments. On occasion some kind soul will inquire if they can be vaccinated at that clinic! With infinite patience you explain that the clinic is solely for those with chest troubles—and the receiver is hung up the other end of the wire with an amazed "Oh!" Another patient "reckons it's a good thing to have a medical examination every so often, so I'd better see the doctor at the clinic. You know, nurse, all the doctors are advising us to be examined, and so are you nurses too!"

Finally, however, the time-schedule is made, fifteen minutes allotted to each patient, and all are given a definite time at which to report at the clinic. Patients, miles away, are assured that a nurse will call for them and bring them in in time for their appointment.

Soon another phone call: "Miss Peters speaking; we are all ready," and off we fly. Dr. Lamb, that genial chest-examiner, greets you with a big smile as though you were his best friend, and you feel that it is a privilege to help him make his clinics a smooth-running success. Both he and Miss Peters are charming and have, seemingly, an inexhaustible supply of patience and good nature; and even though they make many extra chores they are more than worth while, and we need them very much in our preventive programmes.

For the duration of the clinic, cars rush madly to and fro in an effort to keep schedule and overlook no one. About the last afternoon of the clinic we get a long-distance call about 13 miles away: "Nurse, there's a poor old man living alone out here who does nothing but cough and spit all day. I think it's something wrong with his bronchial tubes; could you come and see him?" We assure the caller that we will do so immediately, and, with a feeling of dread, we tear off, only to bring said old man with his "bronchial" tube disorder to the hospital to die, an advanced case of T.B. who has had all the neighbours doing things for him and consequently exposed to infection. Needless to say, the list for the next clinic is already long with names of "the poor old fellow's" contacts!

BERTHA JENKINS, R.N.,
Duncan.

HEALTH-WORK IN ARMSTRONG.

In these times of depression Armstrong is possibly a little better off than most places. By a little forethought and planning every one should have enough food and fuel. Various local societies have co-operated in

providing clothing for those who need such aid. Despite the hard times, we have fewer malnourished children than ever before, and on a whole the children are well clothed. Milk is provided for those who need it and cannot obtain it at home.

Our school attendance has been good. The days lost from communicable disease were less than any previous year. It may have been good luck instead of good management, but I really believe the majority of people are beginning to be a little more careful about reporting infectious cases. What a slogan for any school is that quotation, "To cure is the voice of the past. To prevent is the divine whisper of to-day."

Speaking about prevention, about 50 per cent. of our pupils have had toxoid and 75 per cent. have been vaccinated for smallpox. The vaccination has fallen off a little since the School Board has discontinued the free clinic, but we try to keep up the good work by having the doctors vaccinate the beginners at the pre-school clinic in June. This they do for a nominal sum.

One of our educational activities is the home-nursing and first aid. Last year our boys' first-aid team won the Leonard shield, the Provincial trophy. This year we are entering a boys' and girls' first-aid team and also a girls' home-nursing team. The competitive spirit seems to stimulate the pupils and much greater interest is taken in the work.

To interest the pupils in their own appearance and that of their surroundings, a shield is given every month to the class receiving the greatest number of marks. Marks are given for the cleanliness and general appearance of the pupils, class-rooms, desks, floors, lobbies, and also for the posture of the pupils. A general check-up seems to be necessary to keep things to a high standard.

We are indebted to Dr. Ootmar for our exhibit at the Provincial Interior Exhibition held in Armstrong last September. The exhibit consisted of over 100 plates showing the various foods and their vitamin content. Booklets were given out explaining the exhibit and some one was on hand to impart any information required. We also had quite an array of pictures and posters and other health literature was distributed. Altogether the exhibit was an educational project and caused considerable interest.

During the past year there has been a decrease in the number of physical defects remedied, but as soon as prosperity comes around the corner we hope to have many things done.

Most of our pupils have good health and care. Every day I feel like paying a tribute to the mothers who send several clean, well-fed, and clothed children to school. When I think of their ceaseless work and care my part seems very small in comparison.

Before closing I should like to mention my appreciation for the co-operation and help I have received from the doctors, the School Board, the school staff, the Provincial Board of Health, and various local societies.

P. CHARLTON, R.N.

VIEWS UPON EDUCATION.

Not so very many years ago, education—of any sort—was available only to a very limited few; those few, of course, being the children of the upper classes.

If a child of poor and illiterate parents exhibited any special talent he usually got a chance to develop it, through systems of patronage or scholarships. In these days of compulsory education we have talented children and those whose mentality is extremely poor, struggling along in the same class-room to obtain an academic education.

Education every year is becoming more and more of a drain upon our Government funds, and the aim of education is supposed to be: "To prepare our children for good citizenship." Now, for the welfare of our country, we need people trained to perform all the various and varied duties which go to make up the smooth-running of the machinery involved. Why, then, force academic education upon a large percentage who have no aptitude for it? If we have a right to enforce "compulsory education" from the ages of 6 to 15, have we not also an obligation to give the child the kind of education for which he is fitted, both mentally and physically?

The cost of technical schools, of course, would be enormous; but would it not be cheaper in the end to give the child the education for which he is fitted? We, in the schools, know by the time the child is 8 or 10 years of age whether or not he is fitted for an academic education, and is there much use in forcing a child through such an education up to the age of 15 when he cannot grasp it?

As it is at present, we turn a child out of school at the age of 15 and he is absolutely unfitted for employment of any sort. If, say, at the age of 10, a child of less than average intelligence were given the chance of learning a trade, and could be given special training along such lines, then at the age of 15 or 17 he could be turned out as a trained worker, ready to make an independent living.

Let us glance at the psychology of our present system and the moral effect enforced academic education has upon the backward and disinterested child. He plays truant as often as he can manage it; he acts as a disturbing influence in the class-room amongst the more studious; he is a rebel against being forced into something for which he has no inclination; and very often, his criminal instincts are well developed before he reaches the age when he can leave school without having the truant officer sent after him.

It is my opinion that in the long run the Government would be money in pocket, we would develop a better citizenship, and the child would be healthier—mentally, morally, and physically—if given the type of education for which he is best fitted.

This may not be possible of accomplishment for the present generation, but I think it would be a bright goal to look forward to for the future.

WINIFRED E. SEYMOUR, R.N.,

Fernie.

WHAT I HAVE LEARNED ABOUT THE HINDU PEOPLE.

Arriving in Youbou, a milling town on Lake Cowichan, about six month ago, my knowledge of Hindu customs was extremely limited, and my knowledge of their language more so, while their ability to understand me was about on a par.

One day, while making visits in our Hindu settlement, finding it very hard to get my ideas over to them and almost ready to give up, I asked if there was any one amongst them who could speak English. The Hindu man I was talking to said "yes" and dashed off. While I was wondering if he knew what I was talking about he returned with a young Hindu man who had just completed a five-year course at the University of British Columbia. Need I say he was more than welcome, and ever since has been more than helpful when I am in difficulties.

He has taken every opportunity and considerable time in enlightening me about Hindu modes, methods, and ideas, including diet and religion, etc., which I thought would be interesting to pass on.

To begin, the origin of the term "Hindu." A Hindu is one who professes to be an adherent of the ancient religion Hinduism. This was the religion of that branch of people known as Aryan, who first migrated to India some 4,000 years ago. During the following centuries the religious beliefs of the majority of the survivors of these people have undergone radical changes, although a large majority of the people of India still follow the original beliefs, modified perhaps. These are the Hindus of to-day.

We have adopted the word "Hindu" as meaning any native of India in our midst, whether he is a Sikh, Hindu, Buddhist, Mohammedan, Christian, or Atheist—so long as he wears a beard and turban. The most appropriate name for them is Hindis, which means an inhabitant of Hind or India.

Most of the Hindus in Canada are natives of the Province of Punjab, and my friend informs me that they are as much Hindu as Gandhi is an Eskimo! for they are mostly Sikh by religion. At first they objected to being called Hindu, but they have gradually become accustomed to it, and to all intents and purposes they are, to us, Hindus.

In Punjab they were originally farmers, known popularly in the vernacular as "Jats." They owned the land they cultivated and are an influential and esteemed class of people. It is just the odd one or two of a whole family who have migrated to this country, leaving the others with their lives of hard work and plenty of freedom, which has made them the acme of physical fitness and robustness characteristic of them.

I was curious to know why they left their people and land to come here, where the climate is so different, and it appears that there were some Punjab police and army men stationed in various parts of China. When they received superannuation from the Government, instead of going back to their native land they set out to try their fortunes in Canada. Arriving here, they managed to secure work on railway-construction gangs and sawmills in this Province. Being industrious,

they saved a few dollars, which seemed a lot of money to what they had made in China or India. Naturally they told their friends at home about the place where they could make their fortunes, and by 1910 there were 4,000 of these people among us. Owing to a later immigration policy in Canada, very few more have entered the country, while a lot more went back to India, with the result that there are just about 900 in Canada—150 women and about twice as many children (?).

Most of the Hindu men, being unskilled labourers, have remained about lumber-mills; some of them have returned to their farming; some of these have become quite successful around the Fraser Valley, Kelowna, and Kamloops. The Hindus of this community are very fit, tall, broad-shouldered, and well developed, while the women are anæmic, malnourished, and lazy. The children are rickety, thin, and pale. The mothers are, however, anxious to have all defects corrected and are very good about carrying out our advice to the best of their ability, but the wages of their men are inadequate to provide the necessary meals, etc.

The diet of the Hindu people has always interested me, and on making my rounds I have found the women busily cooking queer-looking pancake things, the flapping of which is so rapidly done by bare hands that I have often been fascinated. They call these cakes "rotice," the rest of the diet being mostly highly seasoned vegetables, green vegetables, milk, butter, and eggs. The average man eats at least half a pound of butter daily, accompanied by a quart of milk. Very little meat is eaten—no beef, a little pork or chicken. They drink thickly boiled tea and over-proof rum—a habit acquired during the war!

Their religion, the Sikh, was founded by Nanch during the fifteenth century and is very simple: Unity and Omnipotence of God; brotherhood and equality of man; unselfish service to others; sincerity and purity of life. What could be better?

The fact that nearly all Hindus are named "Singh" has often piqued one's curiosity, so I discovered that the last leader of Sikhism, owing to existing conditions in India, bound his disciples into a martial brotherhood for purposes of self-preservation as well as to defend the poor and defenceless. Anybody could join, and all who joined were duly initiated and give the name of "Singh," meaning "brave and strong." He thereby relinquished his caste, class, or creed, and vowed to conform to the rules and regulations, one of which was that he would not "take off, cut, or otherwise mutilate even a single hair of his body." Hence the beards and heads of long hair! The colour of the turbans is black usually, which colour was adopted during the Sikh Temple Reform Movement which occurred in 1921, when a number of the volunteers were murdered in cold blood by their priest. This was a sign of mourning and protest. The Government tried to ban the black turban, but this prompted the Hindus or Sikhs to be contrary, and eventually the black became a symbol of deep religious convictions. Changing customs in general over the world has caused the rigidity of even this faith to relax, and those who have courage conform to Western ideas, and shave; this does not alter their standing in any way, although, if a trip to India is

contemplated, the beards are allowed to grow again, more because of the adage, "When in Rome do as the Romans do." And in India a clean-shaven Sikh would be as much out of place as a fully bewhiskered and turbaned one is here.

The social life consists mainly of their religious services held in temples in different parts of the Province. Everybody gathers there to pray, sing, and eat together, and on the birthdays of their teachers, called "Gurns," they have special get-togethers of feasting and rejoicing.

I have enjoyed working amongst the Hindus here in Youbou, because they are very co-operative and appreciative, and some day, perhaps, one's teaching will bear fruit and the youngsters here given a chance to become the fine physical specimens their fathers are.

VELMA MILLER, R.N.,
Youbou.

THE EFFECTS OF THE DEPRESSION ON PUBLIC HEALTH.

The past two years have brought a great many changes in the economic world, and we, as Public Health Nurses, have had a great number of new lessons to learn.

When a financial crisis occurs, the trend to reduce every unnecessary expense is inevitable. Therefore it is a time when the Public Health Nurse must more and more prove her value as a teacher and to show by her efforts the great need for the continuance of her work.

The nurse, however, has many aids to help her in time of depression. Welfare societies, social bureaus, and relief organizations have developed more extensively, and consequently she is able to obtain help for many families. Even in prosperity a great number of these families are on the border-line, and as people are less charitably minded then, it is often difficult to obtain a much-needed aid. Thus, for instance, extra milk can be obtained for an expectant mother or young children, and extra fuel for families who formerly had to suffer from the cold in order to economize.

Again, when people are in need and asking for help, the nurse makes many contacts, which she might not have made otherwise. Often, when making a social-service call or investigation, a new prenatal is discovered. This happens in so many cases, for the expectant mother will ask for help in the interests of her unborn child rather than for herself. This is probably one of the reasons why the number of new prenatals opened on the nurse's record increases.

In her home visits the Public Health Nurse has excellent opportunities to teach and establish ideas, the value of which many families have not had to realize before. Therefore the necessity of having to accept these ideas makes the work much easier for the nurse. She is able to explain the essentials and non-essentials of diet, and that simple, cheaper

foods are even better than the more elaborate and expensive ones. Again, she can be most helpful in showing how the family budget should be arranged, and how economy can be practised without any harmful but rather beneficial effects to health. In fact, when the family income is low, getting back to a simpler way of living is imperative, and the people are in consequence benefited by this knowledge.

Many conditions, defects, or deviations from health, however, which would be attended to in prosperity are neglected. The Public Health Nurse here again is the only one who has the interests of the people's health at heart. She is able, through the use of public funds, to see that these defects are corrected, and thus the laying of the foundation of ill-health, invalidism, and a consequent dependence on society is avoided.

Above all things, one of the nurse's duties is to help the people to help themselves. The morale and feelings of independence are bound to suffer when aid is easily obtained. Therefore the nurse can prove most valuable in this work of keeping the people hopeful and cheerful. One last thing, the nurse has a duty to herself at this time. Even if some of her routine public-health work has to be neglected to help the more unfortunate through this crisis, she must keep an optimistic view-point and look forward to the future.

MYRTLE HARVEY, R.N.,

Saanich Health Centre.

"FIRST IMPRESSIONS."

Oh! for the ability to express oneself easily and clearly! When the request came to furnish an article for the BULLETIN, I said inwardly: "What in the world can I find to write about, seeing I have only spent a month in this district?" So if this article is very boring you will have to excuse me on the grounds of being "a newcomer." A newcomer to Vancouver Island, but not to the Province of British Columbia, having previously spent several years in this part of Canada, which I regard as "God's country."

A nurse's life is certainly one of varied experiences and changes; perhaps therein lies its fascination. In our profession we have great opportunities for meeting all classes, colours, creeds, and races of people.

A year and a half ago I left British Columbia for Northern Ontario to accept the post of Travelling Nurse in the Department of Indian Affairs. Six months later I received a permanent appointment, and as I was keenly interested in the work I expected to spend many years working among my Indian friends. Alas, like in a great many other departments, the work was discontinued as a measure of economy!

However, every cloud has a silver lining, and soon after my term of service expired with the Indian Department I received the offer of my present appointment, much to my delight, as I dearly love British

Columbia. It is quite a change to go from the extremely cold winter of Northern Ontario to the mild climate of Vancouver Island; still more of a change to live close to a beautiful city like Victoria after spending one's days on an Indian reserve 50 or 60 miles from railway, telephone, or telegraph communication; to exchange travel by canoe and dog-team for my present comfortable mode of travelling in a new Ford!

I felt very sad about giving up my Indian work, but I expect to be very happy in this new field of activity. After all, it doesn't really matter where one lives so long as one has congenial occupation and kind friends.

The Esquimalt Rural Nursing Association comprises six districts at present—namely, Langford, Goldstream, Shirley, Sooke, Happy Valley, and Luxton. At the present time Sooke and Shirley have applied solely for the school service of the nurse. The other four districts have the generalized service. There are five schools to be visited monthly or oftener, as required, with follow-up work in the homes.

The Esquimalt Rural Nursing Association has achieved a fine piece of work—namely, the dental service for school-children. Dental clinics are held continuously throughout the year for the purpose of keeping the teeth in good condition, examinations being made in all the schools in the health district once a year. If the parents desire the necessary work to be done by the Association's clinic dentist, special rates are provided—namely, at half the cost to the parents of an ordinary visit to a dentist, and no charge is made for transportation to and from the dentist's office.

In addition to the school service, educational work is carried on in the homes, child-welfare, prenatal and postnatal services, social service, and bedside-nursing care as required. At the present time a "home-nursing class" is being held twice monthly at Langford for the girls of the Junior W.A. who are qualifying for their "nursing badge."

The nurse in this district is fortunate in having the use of a car in good running-order. Just lately there was a phone call: "Nurse, come quickly, there has been an accident at X—— School." I can't tell you what a comfort it was to have a car capable of answering "A hurry-up call" promptly. And so I am looking forward to a pleasant and interesting year with the Esquimalt Rural Nursing Association.

In closing, I wish to express my appreciation to the Nursing Association Committee, to the Provincial Board of Health, to the Medical Health Officers, to the teachers and all others who have given their assistance and co-operation with the nursing service in this health district.

OLIVE INGS, R.N.,
Langford.

"OUT OF THE MOUTHS OF BABES . . ."

Telling stories to children is something that has had the power to strike terror into my heart, stupid as it sounds. With, I suppose, a characteristic fear of the unknown, a child's wide-eyed stare baffled me and I was afraid to appear ridiculous before it. Starting out in public

health with a great deal of optimism and a feeling that there was a message for childhood in the eight health rules, if it were just put over strongly enough, I thought all I had to do was make the rules sound interesting and plausible, and a perfect new generation would be the result!

Then it was that I began to run against snags. I found first that, like many other nurses, I had no teaching experience; that I hadn't any conception of children's mental capacity; and that I didn't know whether I was talking up or down to them. My fear of ridicule made me inclined to be overcautious, and consequently I didn't make much progress.

I have discovered since that self-confidence is of first importance, and that children, like every one else, take you at your own valuation. They are nearly always on the alert to learn, and anything new appeals to them. Now that I am a little beyond my original optimism I realize that they have known of the health rules since they began school, and that I have to search for new ways of presenting them to make them attractive. Children have so many interests at school, in games and at home, with very variable training and background, leaving gaps of different sizes to be filled. The thing to do, then, is to choose between effects that can be made *en masse* and those that are better made individually. Usually one reaches the latter through the first.

Stories have a universal appeal for beginners, who think them wonderful, and for Grade VIII. people, who can be enthusiastic in spite of themselves. After my first spasmodic efforts I told a story that "went over" well and lent itself to embellishment and improvement. My first success made me more confident, so I experimented. The story was about a little girl whose age made her one with the 6-year-olds. With a black-board always near it was easy to sketch figures that were nothing more than a dot for head and lines to complete them; but they were concrete, and followed with breathless interest. Three insects, who made speeches, all allowed for voice variations hugely appreciated. Who wouldn't be rewarded by seeing a roly-poly Japanese boy positively hugging himself with joy because a grasshopper could talk! Even the bigger people who had considered themselves much too old for a "baby's story" ended by laughing, which proved that they had listened. The few sketches left on the board were easy to copy, and the resulting drawings made a good link for the next visit.

Every one has, I suppose, their own "typical story," whose success is an incentive to trying others. The popularity of this one has given me confidence, and now there are friendly smiles in place of baffling stares, and I feel that because of the difference I may be making a definite impression on the "rising generation."

FYVIE YOUNG, R.N.,
Duncan.

THE PUBLIC-HEALTH ATTITUDE.

Before making the final decision between public health and administrative nursing in my last year at University I hesitated a long time. Having finished my hospital training, I knew what administrative nursing meant, but public health was only a name, and I think I was doubtful of the unknown. Since making that decision, the University course and eight months at Saanich Health Centre have been teaching me the meaning of public health.

If only the word "nurse" had not such a deep-rooted connection with the care of the sick, I think the nurse in the district would have a much easier time in accomplishing her purpose. Every day the different essentials of a hospital and Public Health Nurse become a little more apparent, and the need of a completely different attitude of mind toward the work is evident. I think, now, that the most important characteristics of a Public Health Nurse are an ability to meet people and gain their faith and co-operation in carrying out your advice.

In order to get results in preventive work the nurse must make herself a friend of the family, and the time for this is her first visit in the home. Once the friendly feeling is established, one may become the health teacher and adviser.

Public-health nursing has been established for years in Saanich, thus paving the new nurse's way into many of the homes, and eliminating the need of explaining the work and gaining the complete co-operation of the family. Also the generalized programme that each nurse carries on provides numerous opportunities of entry into the family. Often a home-school visit ends in a child-welfare or prenatal, and one leaves the family with the satisfied feeling of having accomplished much more than one hoped to. The work is increasingly interesting, for each successive visit to a family brings out new angles and new opportunities for instruction that were missed before.

H. HILLAS, R.N.,

Saanich Health Centre.

A DAY SPENT IN THE MENNONITE SETTLEMENT AT YARROW.

Leaving Chilliwack for Yarrow, we drive through Sardis, across the beautiful picturesque Vedder River, and ascend the Vedder Mountain. The mountain road is a scenic, although it is a very dangerous one in spots. After following the mountain road for about 8 miles, we come to a lookout spot on the highway, where we see below some one hundred of the queerest-looking huts and sheds clustered around in a sort of settlement. This is our first glimpse of the Mennonite Settlement at Yarrow. Descending from the mountain road, we dip down into the settlement. There is a splendid main thoroughfare winding through it.

On the road we meet some of the Mennonite folk—the women wearing quaint shawls over their heads and long pinafores covering their

frocks; the men are mostly whiskered and are distinctly Russian in their features.

We press on, looking for the school for our centre of approach to these people. Oh, there it is—a two-room school right in the heart of the settlement.

We introduce ourselves to the principal and take our first glimpse of the pupils. The first thing that impresses us is the seriousness of the countenances of these little folk. They are quaint, respectful, little people, and watch us with sober grey eyes and with never a smile.

Inspection of these two classes follows. The little girls are very neat. They wear plain little dresses covered with white pinafores. Their hair is parted in the middle and plaited in two braids. The majority of the boys are garbed like our own boys; a few, however, wear long tunics and short trousers (Russian). These lads seem to wear scads more underthings than we do, most of them being sewed into these. In regard to their physical make-up, we are amazed to see:—

(1.) Such wonderful white teeth, so healthy-looking, too.

(2.) Such huge tonsils, which with a cold infection I am sure would close the throat-passage.

(3.) So much defective vision.

We are not surprised, however, to find that there is a carelessness amongst some of the children in regard to cleanliness. This is due, largely, to inadequate bathing facilities in the homes.

Thus we gather from this first inspection that there is a great field for correction of defects and preventive work. Having finished our first routine inspection, with a health talk to each class, we are invited by the primary teacher to listen to a song from her class. The Mennonite children love singing and are overjoyed to display their talent. Truly, they have beautiful voices, so expressive and so full of rhythm.

We are about to leave the school when the principal rushes out to inform us that there is another class to be inspected. The overcrowded condition of the school, apparently, warranted the formation of another class, housed in the church about half a mile farther down the road.

We find this class to have the same type of child. There are the same serious grey eyes watching curiously our every move. The teacher informs us that it is her first experience with these children, and that she is amazed to find them such keenly interested students.

I note with regret that the children do not get enough relaxation. They attend school five days of the week. Saturday they have German school the whole day. Sunday they have Church and Sunday-school. The after-school hours are not leisure ones for these busy little folk, for they are employed in doing many chores.

Having seen the school-children, now we are interested to see some of the homes. We find the leader of the settlement living in the largest house, and it is painted (there being only a few painted houses in the settlement—paint denoting riches or rank, we think). The leader is a well-educated man, who talks with a slight German accent. He informs

us where to find the babies and the cases he thinks that we should become acquainted with immediately.

Now, most of the Mennonite women do not speak English very well. By the time a few visits have been made we find ourselves speaking broken English. The houses are mostly one- and two-room sheds with chicken-coops attached. They are usually surrounded by mud caused by climatic conditions. There is a lack of furniture and comforts, but, in spite of this, the floors are scrubbed clean and the furniture, although crude, is spotless. The mothers are very interested in their children and listen to our advice with the help of the child-interpreter.

It is remarkable to find that this little settlement, situated amongst Canadians, still remains distinctly Russian in customs and manners, and would continue to do so for years if outside influence did not interfere. For example, in making home-school visits at Yarrow, not one door was opened for us by the occupants of the home—our knocks on the doors were greeted with a loud “Come in.”

MARION TORRENCE CARDWELL, R.N.,
Municipality of Chilliwack.

THE OLD SULPHUR CANDLE.

The early discoveries in bacteriology lead us to believe in the survival of disease-germs on places and things which had been in contact with the patient. The attempt to disinfect “fomites” has been one of the chief occupations and main avenues of expenditure of public-health authorities all over the world.

With the progress made in bacteriology and epidemiology, we have learned that it is persons, not things, that are dangerous. It is the patient, the mild and missed cases, the convalescent, and the healthy carrier who constitute the source of the disease. It is they and their attendants who control or spread disease by their careful or careless technique.

In view of the facts, first, that disease-producing micro-organisms are disseminated by the body-discharges, and, second, that most disease-producing bacteria are of a parasitic nature—they die quickly once outside the body of their host for lack of food, warmth, moisture, and darkness—terminal disinfection with no adequate care of the infective material or recently infected articles during the course of the disease is a fine example of locking the stable door after the horse has gone. By the time the Sanitary Inspector arrives with his sulphur and formalin, etc., the damage has already been done. Other persons have become ill and are known sources of infection, while still others may have become carriers who are unknown sources of infection—constant sources of worry to those trying to control disease.

With regard to the germ-killing power of disinfectants, it has been proved by experiments that to render harmless the sputum of tuberculosis

patients by means of a 5-per-cent. carbolic solution requires at least twenty-four hours. A 10-per-cent. formalin solution must be in contact with sputum for one hour. How, then, is the casual swipe of a cloth wrung out of a lysol solution or some equally smelly household standby going to kill the germs of disease?

Flügge, working experimentally, placed cultures of disease-producing germs on walls and floors. These surfaces were then rubbed with bread-crumbs and washed with a carbolic-acid solution. After this process, which was far more drastic than ordinary measures, many of the germs were found to have survived.

An experiment which proved the inefficacy of formalin fumigation was performed by William Walcot. He placed diphtheria bacilli, streptococci and staphylococci, on walls of a room, introduced a large quantity of formalin vapour, and then hermetically sealed it up. Culture-tubes inoculated from the walls after this procedure were found to be positive.

Professor C. Chogas, Director-General of Public Hygiene in Brazil, who has written a monograph on "The Practice of Terminal Disinfection," believes that terminal disinfection as practised by most countries "is a procedure erroneously founded, almost always useless, and whose practical results bear no adequate relation to the labour and cost involved."

Fortunately, institutions teaching health and organizations promoting health programmes on the North American Continent have realized the futility of the time-honoured method of terminal disinfection. *To-day, most public-health measures for the control of communicable disease are concentrated on the care and isolation (concurrent disinfection) of the patient and carrier.*

Inexpensive, simple, effective, and easily practised methods are adopted by modern public-health authorities in their campaign against the spread of communicable disease. After carefully explaining to the parent or nurse the necessary procedure to protect the rest of the family and the community at large, we often find on a subsequent visit that many of the details have been forgotten. To offset this, we are now preparing, in the North Vancouver Health Unit, pamphlets outlining the simple methods of technique necessary to confine the disease to the patient. These will be left in the patient's home by the Public Health Nurse after she has carefully explained the principles of isolation.

NORAH E. ARMSTRONG, R.N.,
North Vancouver.

SOME EXPERIENCES IN THE UNIVERSITY HEALTH SERVICE.

The recent outbreak of smallpox in Vancouver has caused an influx of inquiries at the University Health Service from the population of the University and Endowment Lands regarding vaccination.

The inquirers were many and varied, as were their reasons for seeing us—for, let it be whispered, these people were not by any means all

clamouring round our doors in order to be vaccinated. Indeed, we were deeply touched by the sense of duty which animated not a few of these visitors who had called for the express purpose of telling us what we ought to know, and did not, about vaccination and smallpox. Notwithstanding this seeming set-back to our plans, there are at the time of writing 1,050 persons at the University and in the vicinity who have been vaccinated since February 4th. The total vaccinations to date stand at 1,150; students never previously vaccinated numbered 160, and we are still vaccinating. About eighty of these vaccinations were performed by the family physicians.

At the University Health Service the puncture method is used on the underside of the left arm (except in the case of left-handed persons, when the right arm is used); three punctures are inserted, one being used as a control. The vaccinated are generally required to report back on the second, fourth, sixth, and ninth days, and are advised to avoid all dressings and shields. Of six students who were vaccinated three times with an interval of ten days between each vaccination, four failed to show any reaction. The reason for such failure has not yet, so far as I know, been scientifically determined; there was no history of either a previous vaccination or smallpox in the cases mentioned.

For convenience I shall divide our clients into groups of five, thus:—

- (1.) Those never previously vaccinated.
- (2.) Those previously vaccinated unsuccessfully and since become “conscientious objectors.”
- (3.) Those successfully vaccinated at some time.
- (4.) “Conscientious objectors.”
- (5.) Christian Scientists.

The group referred to in a previous contribution to the BULLETIN, those who passed through their school-years without being vaccinated, notwithstanding the fact of their parents not being objectors, but merely indifferent, were not in evidence this year.

The first group, those never previously vaccinated, whose parents had been in a sense objectors, but who were now anxiously seeking advice, were given literature supplied by the Provincial Board of Health to study and discuss with their parents and instructed to report back. The response was very gratifying.

The second group, those previously unsuccessfully vaccinated, were a little difficult; the idea being fairly general that, as they had not “taken” the vaccination, they must be immune. This belief was very hard to obliterate, particularly so in those students whose parents had had a similar experience before marriage; thus, they contended, immunity has been inherited from my mother, who had never had a “take” nor an attack of smallpox. Whether or not an immune reaction had occurred when they were vaccinated was difficult to determine, since the scratch method, without a control, had almost invariably been used.

The third group, which included those who had not been revaccinated within the last seven years, were quickly and comfortably vaccinated and dismissed with the usual instructions.

The fourth group of conscientious objectors may be divided into the "articulate" and the "inarticulate." The former, whose spontaneous and uninvited volubility regarding the ills produced by vaccination rather took us by surprise, failed to move us to response. This attitude on our part, although at first unpremeditated, was adopted because we noticed it generally had the effect of reducing the orator to silence in a very short time. This was important, as time was at a premium with us, since we were vaccinating at this period about 100 persons daily; and our office is very small, somewhat stuffy, and quite an unsuitable place in which to hold debates. However, the moment our adviser became silent we inquired the why of his presence at the office at such a busy time, and if we could be of service in any way—to which, the answer forthcoming was in effect that he or she wanted us to know that he or she absolutely and unconditionally refused to be vaccinated. At this point we sympathetically acquiesced and requested the name of the person or persons at the Health Service Office among our staff of "two" who had made such an erroneous suggestion. At this juncture we were generally being asked for advice, which was given with particular care; and, curiously enough, the advice was sometimes followed and certain of these students were vaccinated. I never can bear the silent reproach of their young eyes about the ninth day, and often wish that any one but me were the vaccinator; however, I console myself with the assurance that such a one will never contract smallpox.

The inarticulate group were ready to give us evidence in black and white of the personal history of a relative or relatives who had been stricken down with smallpox, although they had been vaccinated or because of vaccination. One letter, which a student's mother, who lives in Kaslo, had requested her to place before us, reads in part: "My youngest sister died after it and your Aunt Edith was an invalid for many years; she was a nurse. I knew such a pretty little chap of 6 years who was stone-deaf—vaccinated as an infant; abcesses came out all over and in his head with that result, and his Dad used to spend his time taking him to every expert for advice. I was vaccinated during a smallpox outbreak in England. What was put into me I don't know! I swelled up all down one side; the odour was terrific. I could not get a strong enough disinfectant to make my vicinity pleasing. I had a running sore for months afterwards—a strange experience for me who always heal so swiftly. I think you will be safe if you keep a well-nourished and exercised body, and a mind intent upon doing your duty, happy and fearless."

It is easy to understand the fear which is implanted in the hearts of these young people—even those who are over age and take matters into their own hands, requesting vaccination, are terrified during the moment of being vaccinated, and often faint with fear. The lady whose letter we have quoted is a Christian Scientist; it has not, however, been our experience that all Christian Scientists are necessarily anti-vaccinationists, and the reverse is probably true.

The fifth group included a number of Christian Scientists who were found to be non-combatant and really interested in knowing something of the scientific facts, albeit they were not particularly keen upon being vaccinated if there was a way out. We found good reasoning ability among these students, and it seemed to us that our efforts, not centred on persuading them to be vaccinated, but rather on the elucidation and interpretation for them, of the latest scientific findings on smallpox and vaccination as we understand them, and as given out by the best scientific brains of our time, were more than rewarded by the results achieved. Some of this group were vaccinated, because they grasped the facts covering the general procedure followed by specific communicable diseases.

Summary.—Public Health Nurses, I think, have an enormous responsibility in the elimination of unnecessary fear of vaccination by educational methods. We should seize every opportunity and use every known means of giving the scientific explanation. Such confusion exists about vaccines generally that we should, when giving lectures or health talks, add something of vaccines and their uses, explaining the different diseases for which they are employed, with emphasis on the specificity of each. The difference between vaccination *against* smallpox which we advocate and the old method of inoculation *with* smallpox virus directly from person to person (now illegal) is well worth going into thoroughly. If it were only possible to enlighten teachers, our task would be comparatively easy. There are too many unvaccinated teachers in the schools and something should be done about it.

The importance of seeing the vaccinated person at intervals after the date of vaccination cannot be overestimated; the follow-up shows the type of reaction, if any, and dressings when found should be removed. If it is a "take," advice should be given to the vaccinated not to use the arm unduly between the ninth and twelfth days; the importance of procuring a certificate bearing the date of vaccination and its reaction should be stressed. This will be more than ever important now, since the old scar (which has in the past been so large and lasting as to enable us to decide about a vaccination in cases when clients have not known whether or not they have been vaccinated against smallpox) will disappear with the use of the puncture method. The difference should be clearly explained, particularly to the previously vaccinated, between a vaccination which takes and that which fails to show any reaction; we advise such people, if tried three times unsuccessfully, that they are quite as liable to come down with smallpox if they are in contact with it as if no vaccination had been performed. The revaccination of those previously successfully vaccinated ought to show an immune reaction, and failure to get this reaction indicates that another trial should be made to see if the former vaccination is still protecting the body.

In all probability the people who claim they have contracted smallpox, although vaccinated within the time-limit of seven years, are those who did not react to the vaccination. Our own experience among students who at any time give a history of smallpox is that not a single case has

come under our notice of one who had ever been vaccinated, either successfully or unsuccessfully, against smallpox.

Be this as it may, the fact of 160 primary vaccinations leaves us with a feeling that all is well with the world.

CELIA A. LUCAS, R.N.

FRENCH CREEK AND DISTRICT.

Reading last year's BULLETIN, I find that a complete résumé of the work in French Creek and District has been given, and as it has been carried on in much the same way this year I will not repeat it. I might say that, with the extension of the work and the entrance of Qualicum Beach into the district, it became necessary to have another nurse, so with two nurses instead of one a much more intensive visiting programme has been made possible.

We are endeavouring to develop each branch of the work as far as possible and already we have made great progress. Prenatal and obstetrical work has responded particularly well, but we have not yet decided whether it is due to the fact that the staff has increased to two or whether it is just another result of the widespread depression.

For the assistance and co-operation that has come to us from the Provincial Board of Health and our committee we give our sincere thanks, for we realize that without it the progress of the work would be at a standstill.

DOROTHY E. MACKENZIE.

HEALTH INSURANCE AND PUBLIC HEALTH.

"I can't get the doctor, because I haven't any money and I already owe him a bill." How many times are we, as Public Health Nurses, confronted with this story in our daily round? In nine cases out of ten this is the reason given by the average person for not getting medical advice at the appearance of the first symptoms of illness or physical defects. Thus it is the cause of the many difficulties which arise to prevent the carrying-out of a successful preventive campaign.

In a critical period such as we are going through at present, where the byword is depression and practically every one is poverty-stricken, the Public Health Nurse finds herself helpless in a great many cases. Instead of being able to refer her cases to doctors, dentists, hospitals, or clinics, she can only give her advice and leave it to the people themselves, and as most of these people have a certain sense of independence they will try to forget their symptoms rather than feel that they are imposing on the doctor, dentist, or hospital, as the case may be. The result is that these slight symptoms of disease or physical abnormalities soon develop into serious afflictions which not only risk lives, but have permanent defects.

To the Public Health Nurses, and particularly to those in the country districts, health insurance is the one great salvation. For example, they go to the schools, inspect the children, and what do they find? Enlarged tonsils, decayed teeth, defective vision, etc. Next they visit the parents in hopes that these defects can be remedied, but instead they get the same old story of hard times and no money. The result is not only that the resistance of these children is lowered, but they take the chance of developing diseases which will affect them permanently. What future have these children if they grow up without good health?

This is the great problem that each Public Health Nurse has to battle with until we have some form of health insurance. Until that time we cannot begin to show the great possibilities of our work, but we carry on in the hopes that it will soon be a realization.

DOROTHY E. MACKENZIE.

PERSONALS.

We regret that Miss Margaret Griffin is not able to contribute this year owing to a severe attack of "flu," which has laid her up for a couple of months. Miss Griffin has been a constant contributor to the BULLETIN and has always given us something really worth while.

Miss Winifred Green and Miss Hilda Peters resigned from their positions in Chilliwack last June. The work is now being ably directed by Miss Marion Cardwell and Miss Geraldine Homfray.

Miss Hedwig Hillas and Miss Margaret Sutherland were appointed to the staff of the Saanich Health Centre.

Miss Velma Miller has opened a new district in connection with the Cowichan Health Centre at Youbou. Miss Ledwina Servos resigned from the service in Duncan to assume an institutional position in her own training-school. Miss Heather Kilpatrick and Miss Fyvie Young were appointed to the staff at this centre.

An increase in the size of the French Creek District by the extension to Parksville and Qualicum necessitated the appointment of another nurse. Miss Dorothy MacKenzie was made assistant to Miss Griffin.

The vacancy left at Oliver when Miss G. M. Kitteringham was married has been filled by Miss Isabella Craig.

Two new nurses were appointed to carry on the work in the Peace River District following the marriage of Miss A. M. Roberts. Miss M. Claxton, formerly supervisor of the Cowichan Health Centre, has charge of the district on the north side of the river, while Miss Nancy Dunn is on the south side.

Miss Hettie Fawcett, who inaugurated the services in Mission and Port Haney, was married last December. Miss Mary E. Grierson transferred from Port Alberni, her position there being taken by Miss Helen Kelly, formerly of the Esquimalt District. Miss Olive Ings, who left

Westbank to join the Indian service a year ago, has been appointed to the Langford service.

Miss Emily G. Allen has replaced Miss Audrey Payne at Ladysmith.

Miss Dorothea McDermott resigned from her position as School Nurse in Nanaimo to become Superintendent of the new Preventorium in Vancouver. Miss Eileen Carruthers is carrying on the work in Nanaimo now.

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